----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,362 MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/29/04 ----- MONTHLY AVERAGE -----

28,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST UNITER OF THE OFFICE OF THE AVERAGE COST UNITER OF THE OFFICE OF THE AVERAGE COST UNITER OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFIC		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	431	1,111 \$	19,901.47	\$ 17.91	.040 \$	46.18	
DIAGNOSTIC AND ANC. PROCED	53	53	2,444.06	46.11	.002	46.11	.09
EYE APPLIANCES	313	877	14,873.46	16.96	.031	47.52	.53
OTHER OPTOMETRIC SERVICES	108	181	2,583.95	14.28	.006	23.93	.09
@CHIROPRACTOR	35	65 \$	946.24	\$ 14.56	.002 \$	27.04	
VISITS	22	41	643.72	15.70	.002 3	29.26	.02
	14	24	302.52	12.61	.001	21.61	.01
OTHER SERVICES	453	650 \$	4,870.48	\$ 7.49	.001	10.75	
@PODIATRIST	453	0					
MEDICINE/INJECTIONS			.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	453	650	4,870.48	7.49	.023	10.75	.17
@HOME HEALTH AGENCY	5	20 \$	1,383.66	\$ 69.18	.001 \$		\$.05
NURSE ANESTHESIST	10	57 \$	409.92	\$ 7.19	.002 \$		\$.01
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	4	4 \$	49.02	\$ 12.26	.000 \$		\$.00
@TOTAL HOSPITAL	1,591	10,024 \$	1,299,378.51	\$ 129.63	.358 \$	816.71	
HOSP INPATIENT TOTAL	349	2,134	1,158,402.55	542.83	.076	3319.21	41.32
HSC HOSPITALS	132	914	860,422.62	941.38	.033	6518.35	30.69
NON-HSC HOSPITAL TOTAL	28	154	138,876.72	901.80	.005	4959.88	4.95
ACCOMMODATIONS	27	154	51,030.70	331.37	.005	1890.03	1.82
ADMINISTRATIVE DAYS	16	101	20,047.01	198.49	.004	1252.94	.72
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	53	30,983.69	584.60	.002	2816.70	1.11
ANCILLARIES	28	0	87,846.02	.00	.000	3137.36	3.13
INPATIENT CROSSOVERS	198	1,066	159,103.21	149.25	.038	803.55	5.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,285	7,890	140,975.96	17.87	.281	109.71	5.03
MEDICAL	12	12	554.74	46.23	.000	46.23	.02
SURGERY	9	9	1,250.70	138.97	.000	138.97	.04
PATHOLOGY	19	54	572.76	10.61	.002	30.15	.02
RADIOLOGY	17	38	3,637.42	95.72	.001	213.97	.13
ROOM USE	17	24	1,599.75	66.66	.001	94.10	.06
CROSSOVERS/ALL OTH OUTPTNT		7,753	133,360.59	17.20	.277	106.52	4.76
@COUNTY HOSPITAL TOTAL	12	51 \$	14,312.08	\$ 280.63		1192.67	
CO HOSPITAL INPATIENT TOTAL	3	12	13,824.50	1152.04	.000	4608.17	.49
HSC HOSPITALS	1	12	12,825.45	1068.79		12825.45	.46
NON-HSC HOSPITALS TOTAL	ī	0	159.05	.00	.000	159.05	.01
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0 0	159.05	.00	.000	159.05	.01
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	39	487.58	12.50	.001	54.18	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY PATHOLOGY	1						
	0	2CR 0	11.66CR .00		.000	11.66CR .00	
RADIOLOGY	0	0		.00	.000		.00
ROOM USE	-		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	MEDI GAI GEDUIG	41	499.24	12.18	.001	62.41	.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON	NIH-OR-PAYMENI RE	FROKT FOR JAN 2003	THKU DEC	2003	PAGE 7,363
MOP024	FEE-FOR-SERVICE		ACED	ATD CODE 10			01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT -	AGED	AID CODE 10	340277	1111 11 NTTON	10
20 025 811618186	HORDO	INITES OF SERVICE	EVDENDIGUES				E
28,035 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNI	IS/DAYS	COST PER	COST PER

		OR DAYS OF CARE	,		ושמ	ס נואודייי / האט	PER ELIC	,	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,579	9,973	\$	1,285,066.43	\$	128.85	.356		813.85	\$	45.84
COMM HOSP INPATIENT TOTAL	346	2,122	۲	1,144,578.05	Ψ	539.39	.076	~	3308.03	Ψ.	40.83
HSC HOSPITALS	131	902		847,597.17		939.69	.032		6470.21		30.23
NON-HSC HOSPITALS TOTAL	27	154		138,717.67		900.76	.005		5137.69		4.95
ACCOMMODATIONS	27	154		51,030.70		331.37	.005		1890.03		1.82
ADMINISTRATIVE DAYS	16	101		20,047.01		198.49	.004		1252.94		.72
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	53		30,983.69		584.60	.002		2816.70		1.11
ANCILLARIES	27	0		87,686.97		.00	.000		3247.67		3.13
INPATIENT CROSSOVERS	197	1,066		158,263.21		148.46	.038		803.37		5.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,276	7,851		140,488.38		17.89	.280		110.10		5.01
MEDICAL	1,270	12		554.74		46.23	.000		46.23		.02
SURGERY	9	9		1,250.70		138.97	.000		138.97		.04
PATHOLOGY	18	56		584.42		10.44	.002		32.47		.02
RADIOLOGY	17	38		3,637.42		95.72	.002		213.97		.13
ROOM USE	17	24		1,599.75		66.66	.001		94.10		.06
CROSSOVERS/ALL OTH OUTPTNT		7,712		132,861.35		17.23	.275		106.80		4.74
@STATE HOSPITAL	1,244	7,712	ė.	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	442	9,050	\$	1,270,017.96	\$	140.33	.323	\$	2873.34	\$	45.30
@NURSING FACILITY	0	9,030	Ą		Ą	.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE	0	0		.00							
LEV B-REHAB MD	· ·	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	442			.00		.00	.000		.00		.00
LEV B-REGULAR	0	9,050 0	\$	1,270,017.96	\$	140.33	.323	4	2873.34	۲.	45.30
@INTERMEDIATE CARE FACILDD	0		Ą	.00	Ą			\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00			.00		.00
ICF DDN/DDCN	161		ė.		d	.00	.000	4	.00	۲.	.00
@HEMODIALYSIS TOTAL	0	193 0	\$	78,583.15	\$	407.17	.007	\$	488.09	\$	2.80
HOSPITAL BASED				.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	161	193	ė.	78,583.15	d	407.17	.007	4	488.09	۲.	2.80
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	225	710	ė.	.00	d	.00	.000	4	.00	۲.	.00
@LABORATORY FACILITY		718	\$	7,066.93	\$	9.84	.026	\$	31.41	\$.25
PATHOLOGY	108	563		5,391.79		9.58	.020		49.92		.19
XO AND OTHERS	117	155	ė.	1,675.14	Ċ	10.81	.006	4	14.32	4	.06
@ORGANIZED OUTPATIENT CLINIC	3,439	5,979	\$	207,500.03	\$	34.70	.213	Ş		\$	7.40
CLINIC	38	110		1,742.12		15.84	.004		45.85		.06
SURGICENTER	317	398		17,528.38		44.04	.014		55.29		.63
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,149	5,471		188,229.53		34.40	.195	DEG	59.77	Б.	6.71
#CALIF DEPT OF HEALTH SERV			KES I	MONTH-OF-PAYMENT RE	EPOR.	I FOR JAN	2003 THRU	DEC	2003	P	AGE 7,364
MOP024	FEE-FOR-SERVICE			A CEP		AID CODE	1.0				01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR CASH GF	KAN'I	- AGED		AID CODE				aп	
20 OSE ELICIPIES	HCEDC	INTER OF REDUICE	7	EXDENDITIOEC	7. 7. 7. 1				HLY AVERA		
28,035 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER ELIGIBLE
ANT OTHER PROVIDERS	2 620	OR DAYS OF CARE		731,314.45			PER ELIC		USER		26.09
@ALL OTHER PROVIDERS	3,630	188,913	\$		\$	3.87	6.738	Þ	201.46	Þ	
DURABLE MED. EQUIP.	86	170		25,629.66		150.76	.006		298.02		.91
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	222	309		86,572.00		280.17	.011		389.96		3.09
MEDICAL TRANSPORTATION	328	21,816		77,284.32		3.54	.778		235.62		2.76
AMBULANCES/AIR TRANS	48	461		6,954.17		15.08	.016		144.88		. 25
OTHER TRANS	226	20,680		68,215.81		3.30	.738		301.84		2.43

OTHER SERVICES	69	675	2,114.34	3.13	.024	30.64	.08
ACUPUNCTURE	25	68	1,178.63	17.33	.002	47.15	.04
ADULT DAY HEALTH CARE CTR	157	2,141	148,665.68	69.44	.076	946.92	5.30
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	579	3,110	207,144.08	66.61	.111	357.76	7.39
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	748	1,727	24,981.04	14.46	.062	33.40	.89
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	23	19.87	.86	.001	3.31	.00
PROSTHETIST/ORTHOTISTS	84	182	4,826.84	26.52	.006	57.46	.17
PROSTHETICS	84	182	4,826.84	26.52	.006	57.46	.17
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	54.99	54.99	.000	54.99	.00
SPEECH AND AUDIOLOGY	94	189	16,908.82	89.46	.007	179.88	.60
HOSPICE SERVICES	7	154	18,370.48	119.29	.005	2624.35	.66
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.57	9.57	.000	9.57	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,831	159,022	119,668.47	.75	5.672	65.36	4.27
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7,533	45,111	\$ 897,984.57	\$ 19.91	1.609	\$ 119.21	\$ 32.03

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01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

MERCED COUNTI	DOMINANCE OF DEEK	VICED FOR CADIL GRAIN	DHIND	AID CODE	20		
					MON	ITHLY AVERA	GE
2,596 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,012	185,981 \$	1,829,045.80	\$ 9.83	71.641 \$	909.07	\$ 704.56
@PHYSICIANS SERVICES	806	3,447 \$,	\$ 28.74	1.328 \$		•
OUTPATIENT VISITS	321	471	18,289.05	38.83	.181	56.98	7.05
OFFICE VISITS	269	384	13,050.08	33.98	.148	48.51	5.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	59	74	4,764.82	64.39	.029	80.76	1.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	13	474.15	36.47	.005	36.47	.18
INPATIENT VISITS	70	397	18,861.56	47.51	.153	269.45	7.27
HOSPITAL VISITS	58	363	15,919.66	43.86	.140	274.48	6.13
CRITICAL CARE	7	23	2,671.40	116.15	.009	381.63	1.03
SNF/ICF/TRANS IP CARE	11	11	270.50	24.59	.004	24.59	.10
OPHTHALMOLOGICAL SERVICES	29	37	1,490.56	40.29	.014	51.40	.57
EXAMINATIONS	29	37	1,490.56	40.29	.014	51.40	.57
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	54	7,709.42	142.77	.021	350.43	2.97
PRINCIPAL SURGEON	18	22	6,697.54	304.43	.008	372.09	2.58
ASSISTANT SURGEON	2	2	261.36	130.68	.001	130.68	.10
ANESTHESIOLOGIST	5	30	750.52	25.02	.012	150.10	.29
OUTPATIENT SURGERY	37	108	12,989.61	120.27	.042	351.07	5.00
PRINCIPAL SURGEON	27	40	11,034.74	275.87	.015	408.69	4.25
ASSISTANT SURGEON	1	1	118.02	118.02	.000	118.02	.05
ANESTHESIOLOGIST	13	67	1,836.85	27.42	.026	141.30	.71
DIALYSIS	38	112	12,667.28	113.10	.043	333.35	4.88
PATHOLOGY	65	136	801.03	5.89	.052	12.32	.31
RADIOLOGY	144	244	6,716.87	27.53	.094	46.64	2.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

IMMUNIZATION AND INJECTION	24	49	2,380.28	48.58	.019	99.18	.92
OTHER SERVICES/ALL X-OVERS	428	1,839	17,148.68	9.33	.708	40.07	6.61
@PHARMACY	1,662	44,516	\$ 604,568.54	\$ 13.58	17.148	\$ 363.76	\$ 232.88
PRESCRIPTION DRUGS	1,616	7,045	555,404.03	78.84	2.714	343.69	213.95
SNF/ICF	44	192	19,757.97	102.91	.074	449.04	7.61
OUTPATIENTS	1,577	6,853	535,646.06	78.16	2.640	339.66	206.34
MEDICAL SUPPLIES	340	37,471	49,164.51	1.31	14.434	144.60	18.94
@DENTIST	145	729	\$ 30,114.33	\$ 41.31	.281	\$ 207.69	\$ 11.60
VISITS - DIAGNOSTIC	87	461	4,971.00	10.78	.178	57.14	1.91
ORAL SURGERY	28	78	3,389.00	43.45	.030	121.04	1.31
DRUGS	3	5	95.00	19.00	.002	31.67	.04
ANESTHESIA	2	2	100.00	50.00	.001	50.00	.04
PERIODONTICS	22	27	3,418.00	126.59	.010	155.36	1.32
ENDODONTICS	12	20	4,153.00	207.65	.008	346.08	1.60
RESTORATIVE DENTISTRY	35	94	7,448.00	79.23	.036	212.80	2.87
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	18	36	5,948.00	165.22	.014	330.44	2.29	9
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	0
MAXILLOFACIAL SERVICES	4	5	562.33	112.47	.002	140.58	. 22	2
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	0
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	0
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00	0
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE 7,3	366
MOP024	FEE-FOR-SERVICE/DENTAL						01/29,	/04
MERCED COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	r - BLIND	AID CODE	20			
					MON	THLY AVERAG	F	_

MERCED COUNTY	SUMMARY OF SERVI	CES FOR	CASH (GRANT -	- BLIND		AID CODE	20				
								MC	NT:	HLY AVERA	ΞE	
2,596 ELIGIBLES	USERS	UNITS OF	SERVIO	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
·		OR DAYS	OF CAL	RE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	30 10		75	\$	1,675.28	\$	22.34	.029	\$	55.84	\$.65
DIAGNOSTIC AND ANC. PROCED	10		10	•	466.01	·	46.60	.004	•	46.60	·	.18
EVE ADDITANCEC	20		56		1,021.68		18.24	.022		51.08		.39
			9		187.59		20.84	.003		31.27		.07
@CHIROPRACTOR	16		22	\$	355.30	\$	16.15	.008	Ś	22.21	Ś	.14
VISITS	16		22	τ	355.30	Ψ.	16.15	.008	Ψ.	22.21	τ.	.14
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	32		49	\$	395.89	\$	8.08	.019	Ś	12.37	Ś	.15
MEDICINE/INJECTIONS	3		3	τ	66.80	Ψ.	22.27	.001	Ψ.	22.27	т	.03
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	29		46		329.09		7.15	.018		11.35		.13
@HOME HEALTH AGENCY	4		25	\$	1,871.50	\$	74.86	.010	Ś	467.88	\$.72
NURSE ANESTHESIST	2		48	Š	133.39	\$	2.78	.018	Š	66.70	Ŝ	.05
NUIDGE MIDWIFF	ñ		0	Ġ	.00	\$.00	.000		.00	\$.00
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0		0	Š	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	Š	.00	Š	.00	.000			\$.00
@TOTAL HOSPITAL	0 303 62 43 4 1 0 3 4 16 0 264 57		2,112	Š	375,915.92	Š	177.99	.814			\$	144.81
HOSP INPATIENT TOTAL	62			٧	341,495.66	٧	918.00	.143	Y	5507.99	٧	131.55
HSC HOSPITALS	43		277		299,185.18		1080.09	.107		6957.79		115.25
NON-HSC HOSPITAL TOTAL	45		16		30,120.49		1882.53	.006		7530.12		11.60
ACCOMMODATIONS	4		16		7,976.69		498.54	.006		1994.17		3.07
ADMINISTRATIVE DAYS	1		2		462.60		231.30	.001		462.60		.18
TRANSITIONAL IP CARE	0		ñ		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3		14		7,514.09		536.72	.005		2504.70		2.89
ANCILLARIES	4		1		22,143.80		.00	.000		5535.95		8.53
INPATIENT CROSSOVERS	16		79		12,189.99		154.30	.030		761.87		4.70
ALL OTHER INPATIENT	0		, ,		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	264	1	L,740		34,420.26			.670		130.38		13.26
MEDICAL	57	-	96		3,395.75		19.78 35.37	.037		59.57		1.31
SURGERY	18		22		1,171.83		53.27	.008		65.10		.45
PATHOLOGY	92		517		5,661.18		10.95	.199		61.53		2.18
RADIOLOGY	65		85		4,957.31		58.32	.033		76.27		1.91
ROOM USE	91		128		5,440.79		42.51	.049		59.79		2.10
CROSSOVERS/ALL OTH OUTPTNT			892		13,793.40		15.46	.344		87.86		5.31
@COUNTY HOSPITAL TOTAL	1		3	\$	4,056.00	Ś	1352.00	.001	\$	4056.00	Ś	1.56
CO HOSPITAL INPATIENT TOTAL			3	٧	4,056.00	Y	1352.00	.001	Y	4056.00	٧	1.56
HSC HOSPITALS	1		3		4,056.00		1352.00	.001		4056.00		1.56
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	n		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
. 110 1 01 11	· ·		J		. 90		.00	.000		.00		.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00			.00		.00
ROOM USE	0	0		.00		.00	.000				
CROSSOVERS/ALL OTH OUTPTNT			TDEC N		TDOD!		.000	חחמ	.00	_	.00
#CALIF DEPT OF HEALTH SERV			JRES M	IONTH-OF-PAYMENT R	EPOR.	I FOR JAN 2	2003 THRU	DEC	2003	Ρ.	AGE 7,367
MOP024	FEE-FOR-SERVICE		an	D. T.ID		3.TD G0DE	0.0				01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR CASH (JRAN'I	- BLIND		AID CODE		_ N.T.		aп	
2 506 BLIGIBLES	Hanna	INITEG OF GERLITA	3 D		7, 7, 7, 7		M				
2,596 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
	302	OR DAYS OF CAL		251 252 22		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	302	2,109	\$	371,859.92	Ş	176.32		Ş		\$	143.24
COMM HOSP INPATIENT TOTAL	61	369		337,439.66		914.47	.142		5531.80		129.98
HSC HOSPITALS	42	274		295,129.18		1077.11	.106		7026.89		113.69
NON-HSC HOSPITALS TOTAL	4	16		30,120.49		1882.53	.006		7530.12		11.60
ACCOMMODATIONS	4	16		7,976.69		498.54	.006		1994.17		3.07
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.001		462.60		.18
TRANSITIONAL IP CARE	0	274 16 16 2 0 14 0 79		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	14		7,514.09		536.72	.005		2504.70		2.89
ANCILLARIES	4	_0		22,143.80		.00	.000		5535.95		8.53
INPATIENT CROSSOVERS	16	79		12,189.99		154.30	.030		761.87		4.70
ALL OTHER INPATIENT	7			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	264	1,740		34,420.26		19.78	.670		130.38		13.26
MEDICAL	57	96		3,395.75		35.37	.037		59.57		1.31
SURGERY	18	22		1,171.83		53.27	.008		65.10		.45
PATHOLOGY	92	517		5,661.18		10.95	.199		61.53		2.18
RADIOLOGY	65	85		4,957.31		58.32	.033		76.27		1.91
ROOM USE	91	128		5,440.79		42.51	.049		59.79		2.10
CROSSOVERS/ALL OTH OUTPTNT		892		13,793.40		15.46	.344		87.86		5.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	21	95	\$	29,106.01	\$	306.38	.037	\$	1386.00	\$	11.21
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	21	95		29,106.01		306.38	.037		1386.00		11.21
@INTERMEDIATE CARE FACILDD	36	1,289	\$	235,616.31	\$	182.79	.497	\$		\$	90.76
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	36	1,289		235,616.31		182.79	.497		6544.90		90.76
@HEMODIALYSIS TOTAL	158	2,967	\$	166,877.93	\$	56.24	1.143	\$	1056.19	\$	64.28
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	158	2,967		166,877.93		56.24	1.143		1056.19		64.28
@REHABILITATION FACILITY	4	21	\$	404.32	\$	19.25	.008	\$	101.08	\$.16
HOSPITAL BASED	2	15		264.21		17.61	.006		132.11		.10
INDEPENDENT FACILITY	2	6		140.11		23.35	.002		70.06		.05
@LABORATORY FACILITY	206	952	\$	9,298.88	\$	9.77	.367	\$	45.14	\$	3.58
PATHOLOGY	196	937		9,226.27		9.85	.361		47.07		3.55
XO AND OTHERS	10	15		72.61		4.84	.006		7.26		.03
@ORGANIZED OUTPATIENT CLINIC	373	721	\$	54,699.63	\$	75.87	.278	\$	146.65	\$	21.07
CT TNI C	1 -	77		2 202 40		20 64	020		1 5 2 1 7		0.0

RURAL HEALTH CLINIC 336 555 48,133.99 86.73 .214 143.26 18.54
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,368
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

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MERCED COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND

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						MC	NTHLY AVER	AGE	
2,596 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
•		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	540	128,913	\$	218,958.23	\$ 1.70	49.658	\$ 405.48	\$	84.34
DURABLE MED. EQUIP.	22	39		10,700.01	274.36	.015	486.36		4.12
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	15	19		4,693.97	247.05	.007	312.93		1.81
MEDICAL TRANSPORTATION	206	28,561		107,027.06	3.75	11.002	519.55		41.23
AMBULANCES/AIR TRANS	58	954		10,960.05	11.49	.367	188.97		4.22
OTHER TRANS	145	27,546		95,756.64	3.48	10.611	660.39		36.89
OTHER SERVICES	9	61		310.37	5.09	.023	34.49		.12
ACUPUNCTURE	5	8		151.38	18.92	.003	30.28		.06
ADULT DAY HEALTH CARE CTR	24	274		19,032.64	69.46	.106	793.03		7.33
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	63	481		29,964.03	62.30	.185	475.62		11.54
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	66	157		5,000.48	31.85	.060	75.76		1.93
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	12	43		5,583.67	129.85	.017	465.31		2.15
PROSTHETICS	12	43		5,583.67	129.85	.017	465.31		2.15
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	1	5		294.39	58.88	.002	294.39		.11
SPEECH AND AUDIOLOGY	8	23		2,638.00	114.70	.009	329.75		1.02
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	37	1,337		10,930.69	8.18	.515	295.42		4.21
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	210	97,966		22,941.91	.23	37.737	109.25		8.84
@CALIF. CHILDREN SERVICES*	60	1,722	\$	23,501.32	\$ 13.65	.663	\$ 391.69	\$	9.05
@XOVER EXCLUDING STATE HOSP**	518	15,924	\$	131,145.12	\$ 8.24	6.134	\$ 253.18	\$	50.52
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPAR	RATE INFORMATION I	TEM	ONLY;					
THE AMOUNTS ARE ALREADY INCLUI				ES ABOVE.					
** THESE DATA ARE INCLUDED IN TH	HE APPROPRIAT	E DETAIL LINES AF	AVVE:						

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,369 01/29/04 FEE-FOR-SERVICE/DENTAL MOP024 MERCED COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

HERCED COUNTY	DOMINITAL OF DELL	VICED ION CHEN GRANT		TITD CODE	0.0		
					MON	NTHLY AVERA	GE
89,626 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	70,100	2,497,692 \$	46,252,842.81	\$ 18.52	27.868	659.81	\$ 516.07
@PHYSICIANS SERVICES	24,515	90,967 \$	2,987,732.10	\$ 32.84	1.015	121.87	\$ 33.34
OUTPATIENT VISITS	13,177	18,978	693,886.97	36.56	.212	52.66	7.74
OFFICE VISITS	10,257	14,193	456,856.51	32.19	.158	44.54	5.10
HOME VISITS	31	51	2,038.09	39.96	.001	65.74	.02
EMERGENCY ROOM	2,750	3,342	182,359.80	54.57	.037	66.31	2.03
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	113	188	11,877.49	63.18	.002	105.11	.13
OTHER OUTPATIENT	999	1,203	40,711.23	33.84	.013	40.75	.45
INPATIENT VISITS	1,502	8,721	427,062.82	48.97	.097	284.33	4.76
HOSPITAL VISITS	1,218	7,676	318,072.86	41.44	.086	261.14	3.55
CRITICAL CARE	128	723	100,417.61	138.89	.008	784.51	1.12
SNF/ICF/TRANS IP CARE	262	322	8,572.35	26.62	.004	32.72	.10
OPHTHALMOLOGICAL SERVICES	502	619	26,314.96	42.51	.007	52.42	. 29
EXAMINATIONS	499	616	26,258.73	42.63	.007	52.62	. 29
SERVICES AND MATERIALS	3	3	56.23	18.74	.000	18.74	.00
INPATIENT HOSPITAL SURGERY	652	3,061	311,030.58	101.61	.034	477.04	3.47
PRINCIPAL SURGEON	472	816	247,998.38	303.92	.009	525.42	2.77

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	63	63	11,458.19		181.88	.001		181.88		.13
ANESTHESIOLOGIST	220	2,182	51,574.01		23.64	.024		234.43		.58
OUTPATIENT SURGERY	1,492	3,957	327,861.99		82.86	.044		219.75		3.66
					127.00					
PRINCIPAL SURGEON	1,252	2,002	276,097.77		137.91	.022		220.53		3.08
ASSISTANT SURGEON	30	31	3,448.98		111.26	.000		114.97		.04
ANESTHESIOLOGIST	327	1,924	48,315.24		25.11	.021		147.75		.54
	191	656	58,699.22		89.48			307.33		.65
DIALYSIS					09.40	.007				
PATHOLOGY	2,600	5,730	38,409.08		6.70	.064		14.77		.43
RADIOLOGY	2,600 5,577	10,287	382,124.34		37.15	.115		68.52		4.26
PSYCHIATRY	. 1	. 1	64.88		64.88	.000		64.88		.00
IMMUNIZATION AND INJECTION	843	10,136	232,368.80		22.93	.113		275.65		2.59
OTHER SERVICES/ALL X-OVERS	9,500	28,821	489,908.46 21,886,054.59		17.00	.322		51.57		5.47
		727,601 \$	21.886.054.59	Ś	30.08	8.118	Ś	381.57	Ś	244.19
DEECCETOTION DDICC	E6 602	261,568	20,526,788.03	Υ	78.48	2.918	~	362.65	Ψ.	229.03
FRESCRIFTION DRUGS	30,002		20,320,766.03		70.10					
SNF/ICF	1,088	8,031	715,955.98		89.15	.090		658.05		7.99
OUTPATIENTS	55,640	253,537	19,810,832.05		78.14	2.829		356.05		221.04
MEDICAL SUPPLIES	6.356	466,033	1,359,266.56		2.92	5.200		213.86		15.17
edenmica	5,330 5,335	26,556 \$	1 050 207 63	\$	39.63		d		ė.	11.74
@DENTIST	5,445	,		Ş	39.03	.296	Þ	201.39	Ş	
VISITS - DIAGNOSTIC	3,546	16,677	192,505.04		11.54	.186		54.29		2.15
ORAL SURGERY	803	2,020	112,004.25		55.45	.023		139.48		1.25
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	40	124	1,675.00		13.51	.001		41.88		.02
ANDOUGO		71								
ANESTHESIA	66		7,000.00		98.59	.001		106.06		.08
PERIODONTICS	530	588	69,687.00		118.52	.007		131.48		.78
ENDODONTICS	386	611	123,719.50 359,048.40		202.49	.007		320.52		1.38
RESTORATIVE DENTISTRY	1 601	4,620	359,048.40		77.72	.052		213.59		4.01
RESIONALIVE DENIISIKI	1,001		,		77.72					
PROSTHETICS	39	43	1,080.00		25.12	.000		27.69		.01
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	507	1,473	165,364.71		112.26	.016		326.16		1.85
SPACE MAINTAINERS	9	11	1,035.00		94.09	.000		115.00		.01
MAYTITOFACTAL CEDVITORS	70	73	8,496.23		116.39	.001		121.37		.09
MAXIDDOFACIAL SERVICES	70		0,490.23		110.39					
FRACTURES, DISLOCATIONS	1	1	800.00		800.00	.000		800.00		.01
ORTHODONTIC SERVICES	101	150	9,592.50		63.95	.002		94.98		.11
ALL OTHER SERVICES	121	94	280.00		2.98	. 001		2.31		. 0.0
ALL OTHER SERVICES	MEDI CAI SERVI	94	280.00	грОрт	2.98	.001	חבכ	2.31	ע כו	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MOI		EPORT			DEC		PA	GE 7,370
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MODE/DENTAL	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC		PA	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT		2003 THRU	DEC		PA	GE 7,370
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MODE/DENTAL	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU 60		2003		GE 7,370 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT -	NTH-OF-PAYMENT RI DISABLED		FOR JAN 2	2003 THRU 60 M	ONT	2003 HLY AVERA	GE -	GE 7,370 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE	NTH-OF-PAYMENT RI DISABLED	AVE	FOR JAN : AID CODE CRAGE COST	2003 THRU 60 M UNITS/DAY	ONT:	2003 CHLY AVERA COST PER	GE - C	GE 7,370 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV USERS	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE	NTH-OF-PAYMENT REDISABLED EXPENDITURES	AVE PER	FOR JAN : AID CODE RAGE COST UNIT/DAY	2003 THRU 60 M UNITS/DAY PER ELIG	ONT:	HLY AVERA COST PER USER	GE - C E	GE 7,370 01/29/04 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV USERS	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE	NTH-OF-PAYMENT REDISABLED EXPENDITURES	AVE PER	FOR JAN : AID CODE RAGE COST UNIT/DAY	2003 THRU 60 M UNITS/DAY PER ELIG	ONT:	HLY AVERA COST PER USER	GE - C E	GE 7,370 01/29/04 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54	AVE	FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 21.67	2003 THRU 60 M UNITS/DAY PER ELIG .054	ONT:	HLY AVERA COST PER USER 64.31	GE - C E	GE 7,370 01/29/04 COST PER ELIGIBLE 1.17
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26	AVE PER	FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 21.67 45.18	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007	ONT:	HLY AVERA COST PER USER 64.31 45.46	GE - C E	GE 7,370 01/29/04 COST PER ELIGIBLE 1.17 .33
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61	AVE PER	AID CODE GRAGE COST UNIT/DAY 21.67 45.18 16.47	60 M UNITS/DAY PER ELIG .054 .007	ONT:	HLY AVERA COST PER USER 64.31 45.46 46.86	GE - C E	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354	CES AND EXPENDITURES MODE/DENTAL /ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67	AVE PER \$	AID CODE CRAGE COST UNIT/DAY 21.67 45.18 16.47 29.41	60 M UNITS/DAY PER ELIG .054 .007 .041	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45	GE - C E \$	GE 7,370 01/29/04 COST PER LIGIBLE 1.17 .33 .68 .16
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67	AVE PER \$	AID CODE CRAGE COST UNIT/DAY 21.67 45.18 16.47 29.41	60 M UNITS/DAY PER ELIG .054 .007 .041	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45	GE - C E \$	GE 7,370 01/29/04 COST PER LIGIBLE 1.17 .33 .68 .16
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371	CES AND EXPENDITURES MODE/DENTAL /ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94	AVE PER	AID CODE CRAGE COST UNIT/DAY 21.67 45.18 16.47 29.41 16.28	60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24	GE - C E \$	GE 7,370 01/29/04 COST PER LIGIBLE 1.17 .33 .68 .16
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44	AVE PER \$	AID CODE CRAGE COST UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53	60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44	GE - C E \$	GE 7,370 01/29/04 COST PER LIGIBLE 1.17 .33 .68 .16 .11
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50	AVE PER \$	AID CODE CRAGE COST UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98	60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18	GE - C E \$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44	AVE PER \$	AID CODE CRAGE COST UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53	60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44	GE - C E \$	GE 7,370 01/29/04 COST PER LIGIBLE 1.17 .33 .68 .16 .11
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23	AVE PER \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56	60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.24 21.18 16.91	GE - C E \$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46	AVE PER \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21	GE - C E \$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02	AVE PER \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80	GE - C E \$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60	AVE PER \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21	GE - C E \$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7	NTH-OF-PAYMENT REDISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60	AVE PER \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80	GE - C E \$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514	CES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 2 783	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15	AVE PER \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70	003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .000	ONT S \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77	GE - C E \$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393	CES AND EXPENDITURES MODE/DENTAL /ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 27 783 12,266 \$	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77	AVE PER \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06	60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .000 .000	ONT S \$ \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59	GE - C E \$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22	CES AND EXPENDITURES MODE/DENTAL /ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 27 783 12,266 \$	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32	AVE PER \$ \$ \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .000 .000 .009 .137 .002	ONT S \$ \$ \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74	GE - C E \$	GE 7,370 01/29/04 COST PER LIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00 .08 5.07 .02
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22 2	CES AND EXPENDITURES MODE/DENTAL /ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 27 783 12,266 \$	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32 124.26	AVE PER \$	AID CODE CRAGE COST UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87 31.07	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .001 .000 .009 .137 .002	ONT S \$ \$ \$ \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74 62.13	GE - C E \$	GE 7,370 01/29/04 COST PER LIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22	CES AND EXPENDITURES MODE/DENTAL /ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 27 783 12,266 \$	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32	AVE PER \$ \$ \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .000 .000 .009 .137 .002	ONT S \$ \$ \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74	GE - C E \$	GE 7,370 01/29/04 COST PER LIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00 .08 5.07 .02
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22 2 0	CES AND EXPENDITURES MODE/DENTAL /ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 27 783 12,266 \$	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32 124.26 .00	AVE PER \$ \$ \$	AID CODE CRAGE COST UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87 31.07	60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .000 .000 .000	ONT S \$ \$ \$ \$ \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74 62.13 .00	- C E	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00 .08 5.07 .02 .00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22 2 0 54	CES AND EXPENDITURES MODE/DENTAL //ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 27 907 \$ 115 7 27 907 \$ 115 7 27 907 \$ 115 7 27 907 \$ 115 7 20 783 12,266 \$ 173 \$ 4 \$ 0 \$ 102 \$	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32 124.26 .00 2,452.81	AVE PER \$ \$ \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87 31.07 .00 24.05	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .000 .009 .137 .002 .000 .000 .000	ONT.	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74 62.13 .00 45.42	- CE G \$ \$ \$ \$ \$ \$\$\$\$\$\$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00 .08 5.07 .02 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22 2 0 54 10,822	DES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 22 783 12,266 \$ 173 \$ 4 \$ 0 \$ 102 \$ 68,629 \$	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32 124.26 .00 2,452.81 9,484,493.06	AVE PER \$ \$ \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87 31.07 .00 24.05 138.20	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .000 .009 .137 .002 .000 .000 .000 .000 .000 .000 .00	ONT S \$ \$ \$ \$ \$	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74 62.13 .00 45.42 876.41	- C E	GE 7,370 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22 2 0 54 10,822 1,235	CES AND EXPENDITURES MODE/DENTAL //ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 22 783 12,266 \$ 173 \$ 4 \$ 0 \$ 102 \$ 68,629 \$ 8,055	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32 124.26 200 2,452.81 9,484,493.06 7,904,552.99	AVER \$	AID CODE GRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87 31.07 .00 24.05 138.20 981.32	003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .009 .137 .002 .000 .000 .001 .766 .090	ONT.	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74 62.13 .00 45.42 876.41 6400.45	- CE G \$ \$ \$ \$ \$ \$\$\$\$\$\$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22 2 0 54 10,822	DES AND EXPENDITURES MODE/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 22 783 12,266 \$ 173 \$ 4 \$ 0 \$ 102 \$ 68,629 \$	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32 124.26 .00 2,452.81 9,484,493.06	AVER \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87 31.07 .00 24.05 138.20	2003 THRU 60 M UNITS/DAY PER ELIG .054 .007 .041 .005 .007 .006 .000 .010 .001 .000 .000 .009 .137 .002 .000 .000 .000 .000 .000 .000 .00	ONT.	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74 62.13 .00 45.42 876.41	- CE G \$ \$ \$ \$ \$ \$\$\$\$\$\$	GE 7,370 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22 2 0 0 54 10,822 1,235 894	CES AND EXPENDITURES MODE/DENTAL //ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 2 783 12,266 \$ 173 \$ 4 \$ 0 \$ 102 \$ 68,629 \$ 8,055 6,106	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32 124.26 .00 2,452.81 9,484,493.06 7,904,552.99 7,244,090.34	AVER \$	AID CODE GRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87 31.07 .00 24.05 138.20 981.32 1186.39	003 THRU 60 M UNITS/DAY PER ELIG	ONT.	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74 62.13 .00 45.42 876.41 6400.45 8103.01	- CE G \$ \$ \$ \$ \$ \$\$\$\$\$\$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00 .08 5.07 .02 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22 2 0 54 10,822 1,235 894 100	CES AND EXPENDITURES MODE/DENTAL //ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 27 907 \$ 115 7 27 907 \$ 115 7 28 783 12,266 \$ 173 \$ 4 \$ 0 \$ 102 \$ 68,629 \$ 8,055 6,106 400	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32 124.26 .00 2,452.81 9,484,493.06 7,904,552.99 7,244,090.34 447,932.16	AVER \$	AID CODE CRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87 31.07 .00 24.05 138.20 981.32 1186.39 1119.83	60 M UNITS/DAY PER ELIG	ONT.	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74 62.13 .00 45.42 876.41 6400.45 8103.01 4479.32	- CE G \$ \$ \$ \$ \$ \$\$\$\$\$\$	GE 7,370 01/29/04 COST PER LIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00 .08 5.07 .02 .00 .00 .03 105.82 88.19 80.83 5.00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 89,626 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 650 1,294 354 371 357 14 620 105 5 1 514 393 22 2 0 0 54 10,822 1,235 894	CES AND EXPENDITURES MODE/DENTAL //ICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 4,822 \$ 654 3,681 487 598 \$ 571 27 907 \$ 115 7 2 783 12,266 \$ 173 \$ 4 \$ 0 \$ 102 \$ 68,629 \$ 8,055 6,106	DISABLED EXPENDITURES 104,506.54 29,549.26 60,636.61 14,320.67 9,734.94 9,438.44 296.50 10,484.23 2,752.46 104.02 34.60 7,593.15 454,540.77 1,534.32 124.26 .00 2,452.81 9,484,493.06 7,904,552.99 7,244,090.34	AVER \$	AID CODE GRAGE COST 2 UNIT/DAY 21.67 45.18 16.47 29.41 16.28 16.53 10.98 11.56 23.93 14.86 17.30 9.70 37.06 8.87 31.07 .00 24.05 138.20 981.32 1186.39	003 THRU 60 M UNITS/DAY PER ELIG	ONT.	HLY AVERA COST PER USER 64.31 45.46 46.86 40.45 26.24 26.44 21.18 16.91 26.21 20.80 34.60 14.77 1156.59 69.74 62.13 .00 45.42 876.41 6400.45 8103.01	- CE G \$ \$ \$ \$ \$ \$\$\$\$\$\$	GE 7,370 01/29/04 COST PER CLIGIBLE 1.17 .33 .68 .16 .11 .11 .00 .12 .03 .00 .00 .08 5.07 .02 .00 .00 .00 .00 .00 .00 .00 .00

ADMINISTRATIVE DAYS	45	231	53,823.34	233.00	.003	1196.07	.60
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	169	88,652.43	524.57	.002	1528.49	.99
ANCILLARIES	100	0	305,456.39	.00	.000	3054.56	3.41
INPATIENT CROSSOVERS	265	1,549	212,530.49	137.20	.017	802.00	2.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,021	60,574	1,579,940.07	26.08	.676	157.66	17.63
MEDICAL	2,915	4,933	189,601.41	38.44	.055	65.04	2.12
SURGERY	864	1,066	45,036.36	42.25	.012	52.13	.50
PATHOLOGY	3,631	18,484	203,956.35	11.03	.206	56.17	2.28
RADIOLOGY	2,625	4,192	326,471.32	77.88	.047	124.37	3.64
ROOM USE	4,274	6,441	267,195.12	41.48	.072	62.52	2.98
CROSSOVERS/ALL OTH OUTPINT	5,055	25,458	547,679.51	21.51	.284	108.34	6.11
@COUNTY HOSPITAL TOTAL	170	1,129	\$ 83,711.05	\$ 74.15	.013	\$ 492.42	\$.93
CO HOSPITAL INPATIENT TOTAL	16	44	50,732.00	1153.00	.000	3170.75	.57
HSC HOSPITALS	16	44	50,732.00	1153.00	.000	3170.75	.57
INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	265 0 10,021 2,915 864 3,631 2,625 4,274 5,055 170 16	0 60,574 4,933 1,066 18,484 4,192 6,441 25,458 1,129 44	\$ 212,530.49 .00 1,579,940.07 189,601.41 45,036.36 203,956.35 326,471.32 267,195.12 547,679.51 83,711.05 50,732.00	137.20 .00 26.08 38.44 42.25 11.03 77.88 41.48 21.51 \$ 74.15	.017 .000 .676 .055 .012 .206 .047 .072 .284 .013	802.00 .00 157.66 65.04 52.13 56.17 124.37 62.52 108.34 \$ 492.42 3170.75	17 2 2 3 2

NON-HSC HOSPITALS TOTAL	0	0		.00 .00 .00 .00 .00 .00 .00 .00 32,979.05 4,828.62 1,354.41 4,302.93	.00	.000	.00		.00
ACCOMMODATIONS	0	0 0 0 0 0 0 0 0 1,085 139		0.0	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00	.00				
ADMINISTRATIVE DAYS	U	U		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
AMCTI.I.APTES	n	0		0.0	.00	.000	0.0		.00
TAIDAMTENIM ODOGGOVEDO	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	Ü	Ü		.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	160	1,085		32,979.05	30.40	.012	206.12		.37
MEDICAL	62	139		4.828.62	34.74	. 002	77.88		.05
SURGERY	9	12		1 35/ /1	10/1 10	000	160 30		.02
DATIO	0	7.5		1,334.41	104.19 11.47	.000	.00 .00 .00 .00 206.12 77.88 169.30 66.20		
PATHOLOGY	65	3/5		4,302.93	11.4/	.004	66.20		.05
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	40	13 375 84 157 317		8,564.42	101.96	.001	214.11 60.05 114.99		.10
ROOM USE	96	157		5,764.37	36.72	.002	60.05		.06
CROSSOVERS/ALL OTH OUTPTNT	71	317		8,164.30	25.75	.004	114.99		.09
	MEDT-CAL SERVIC	ES AND EXPENDITURE	'S MON					DΛ	GE 7,371
	FEE-FOR-SERVICE		ib inoiv	III OI IIIIIIIIII KE	dioni ion om 2	1005 IIIKO DE	C 2003	1 11	01/29/04
MOP024	FEE-FOR-SERVICE	./DENIAL							01/29/04
MERCED COUNTY	SUMMARY OF SERV	VICES FOR CASH GRA	NT - I	DISABLED	AID CODE				
						MON		3E -	
89,626 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	10 600	67,500	ċ	9,400,782.01	\$ 139.27	.753 \$			
@COMMUNITI HOSPITAL TOTAL	10,090		Ą		\$ 139.27			Ą	
COMM HOSP INPATIENT TOTAL	1,221	8,011		7,853,820.99	980.38	.089	6432.29		87.63
HSC HOSPITALS	880	6,062		7,193,358.34	1186.63	.068	8174.27		80.26
NON-HSC HOSPITALS TOTAL	100	400		447,932.16	1119.83	.004	4479.32		5.00
ACCOMMODATIONS	100	400		142,475.77	356.19	.004	1424.76		1.59
ADMINICTDATIVE DAVO	15	221		53,823.34	980.38 1186.63 1119.83 356.19 233.00	.003	1196.07		.60
MDANGIMIONAL ID GADE	45	231			233.00				.00
TRANSTITUNAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	58	169		88,652.43	524.57	.002	1528.49		.99
ANCILLARIES	100	0		305,456.39	.00	.000	3054.56		3.41
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	265	400 400 231 0 169 0 1,549		212,530.49	137.20	.017	802.00		2.37
ALL OTHER INPATTENT	0	1,343 0 59,489		.00	.00	.000	.00		.00
COMM HOCD OUTDATTENT TOTAL	9 904	EQ 490		1,546,961.02	26.00	.664	156.20		17.26
COMM HOSP OUTPATIENT TOTAL	9,904	39,409							
MEDICAL	2,859	4,794		184,772.79	38.54	.053	64.63		2.06
SURGERY	856	1,053		43,681.95	41.48	.012	51.03		.49
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN	3,575	18,109		199,653.42	11.03	.202	55.85		2.23
RADIOLOGY	2.588	4.108		317,906.90	77.39	.046	122.84		3.55
POOM TICE	4 201	6 284		261,430.75	41.60	.070	62.23		2.92
CDOCCOVEDC /ALL OWN CHEDWAY	4 007	0,204							6.02
CROSSOVERS/ALL OIH OUIPINI	4,997	25,141		539,515.21	21.46	.281	107.97	_	
@STATE HOSPITAL	9	275	\$	149,557.60	\$ 543.85		16617.51	Ş	1.67
MENTALLY ILL	2	90		38,995.62	433.28	.001	19497.81		. 44
DEVELOP. DISABLED	7	185		110,561.98	597.63	.002	15794.57		1.23
@NURSING FACILITY	534	12.122	\$	1,648,059.20	\$ 135.96	.135 \$	3086.25	Ś	18.39
T.FV A_TNTEPMEDIATE	0	12,122	Τ	.00	.00	.000	.00	Υ	.00
TEA WILLIAM WE	25	036					4078.38		
LEV B-REHAB MD	45	830		101,959.42	121.96	.009			1.14
LEV B-SUBACUTE FREESTANDING	1	2		606.80	303.40		606.80		.01
LEV B-SUBACUTE HSPTL BASED	4	108		53,691.35	497.14	.001	13422.84		.60
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-RECIILAR	507	11 176		1,491,801.63	133.48	.125	2942.41		16.64
@INTERMEDIATE CARE FACILDD	200	0 206				104 8	5741.06	Ċ.	
WINIERMEDIALE CARE FACILDD	200	9,300	\$	1,653,425.23	\$ 177.67	· ·		Ą	18.45
TCF, DDH	99	3,165		472,597.85	149.32	.035	4773.72		5.27
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	189	6,141		1,180,827.38	192.29	.069	6247.76		13.18
@HEMODIALYSIS TOTAL	800	11,251	\$	754,582.83	\$ 67.07	.126 \$		Ś	8.42
HOSPITAL BASED	10	13	т'	33,149.19	2549.94	.000	3314.92	~	.37
HEMODIALYSIS CENTER	790	11,238	4.	721,433.64	64.20	.125	913.21	4.	8.05
@REHABILITATION FACILITY	284	1,745	\$	44,022.41	\$ 25.23	.019 \$	155.01	\$.49
HOSPITAL BASED	128	445		16,893.40	37.96	.005	131.98		.19
INDEPENDENT FACILITY	159	1,300		27,129.01	20.87	.015	170.62		.30
@LABORATORY FACILITY	7,336	31,671	\$	343,043.59	\$ 10.83	.353 \$		Ś	3.83
	,,330	31,3,1	Υ	313,013.33	T 10.00	. 333 ф	10.70	~	3.03

PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	7,135	31,048	334,354.42	10.77	.346	46.86	3.73
XO AND OTHERS	202	623	8,689.17 2,816,295.94	13.95	.007	43.02	.10
@ORGANIZED OUTPATIENT CLINIC	17,232	30,112 \$	2,816,295.94	\$ 93.53	.336 \$	163.43	
CLINIC	641	2,303	50,301.48	21.84	.026	78.47	.56
SURGICENTER	963	2,014	75,073.71	37.28	.022	77.96	.84
HEROIN DETOX CLINIC	16	190	2,152.19	11.33	.002	134.51	.02
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	16,099	25,605	2,688,768.56	105.01	.286	167.01	30.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 7,372
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- DISABLED	AID CODE	60		
00 606					MON'		-
89,626 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
CALL OFFIED DDOMIDEDG	12 246	OR DAYS OF CARE	2 040 010 76	PER UNIT/DAY		USER 232.72	
WALL OTHER PROVIDERS	1 006	1,408,585 Ş	2,849,910.76	\$ 1.94 213.91	16.386 \$.037	660.44	
DURABLE MED. EQUIP.	1,086	3,353	/1/,241.5/	213.91	.000	.00	8.00 .00
DEVOLUC VID DIGDENGEDG	3.20	617	.00 96 147 31	213.91 .00 155.83 7.17	.007	300.46	1.07
MEDICAL TRANSPORTATION	2 110	66 661	477 02E EO	7 17	.744	225.55	5.33
AMDITANCES / ATD TRANS	2,119 1 /07	10,001	250 050 01	13.82	.210	173.65	2.90
OTHER TRANS	564	46 059	181 502 32	3.94	.514	321.81	2.03
OTHER TRANS	155	1 790	36 482 27	20.38	.020	235.37	.41
ACIDINCTIRE	93	210	3 881 84	18.48	.002	41.74	.04
ADULT DAY HEALTH CARE CTR	267	4 251	293 892 59	69.13	.047	1100.72	3.28
GENETIC DISEASE TESTING	14	1,231	1 470 00	105.00	.000	105.00	.02
THMC MODEL-NE NE AIDS MSSP	527	2 667	200 167 78	75.05	030	379 83	2.23
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2.443	5.787	79.371.21	13.72	.065	32.49	.89
PHYSICAL THERAPIST	_,	0	.00	13.72 .00	.000	32.49 .00 54.90 283.00 321.32 41.72	.00
PORTABLE X-RAY	29	66	1,592.14	24.12	.001	54.90	.02
PROSTHETIST/ORTHOTISTS	467	1,213	132,162.31	108.95	.014	283.00	1.47
PROSTHETICS	403	1,138	129,492.44	113.79	.013	321.32	1.44
ORTHOTICS	64	75	2,669.87	113.79 35.60	.001	41.72	.03
PSYCHOLOGIST	2	3	227.97	75.99 62.32 118.77	.000	113.99	.00
SPEECH AND AUDIOLOGY	291	712	44,371.25	62.32	.008	152.48	.50
HOSPICE SERVICES	45	1,049	124,586.22	118.77	.012	2768.58	1.39
NONINST BIRTHING CENTERS	0	0	.00	118.77	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,895	20,937	168,313.19	8.04	.234	88.82	1.88
EPSDT SUPPLEMENTAL SERVICE	0	0	.00 .00 .00 .00 508,549.88	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,036	1,361,045	508,549.88	.37	15.186	126.00	5.67
@CALIF. CHILDREN SERVICES*	2,336	135,730 \$	3,388,887.87	\$ 24.97	1.514 \$		
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF,NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	9,835	103,239 \$	1,377,324.66	\$ 13.34	1.152 \$	140.04	\$ 15.37
			_				
THE AMOUNTS ARE ALREADY IN			S ABOVE.				
** THESE DATA ARE INCLUDED I			CATELL OF DAYMENT DI	IDODE HOD TAN ()	2 2002	D3GE 7 272
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2 2003	
MOP024	FEE-FOR-SERVICE		E 40 42 27 2M 2D 3	איז איז איז איז איז איז			01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-33 3	5 40 42 3A-3M 3P 3	3R 3U 3W 4C-4G	MONT	רטדע אזידיםא	GE
219,727 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
713,171 FILGIDIES	CALCO	OR DAYS OF CARE	FVLFINDTIOKFD	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	99,573	520,183 \$	21,873,709.55	\$ 42.05	2.367 \$	219.68	\$ 99.55
@PHYSICIANS SERVICES	35,048	77,112 \$	3,067,401.28	\$ 39.78	.351 \$	87.52	\$ 13.96
OUTPATIENT VISITS	27,194	35,255	1,338,967.81	37.98	.160	49.24	6.09
OFFICE VISITS	19,767	24,067	820,125.73	34.08	.110	41.49	3.73
HOME VISITS	11	15	581.86	38.79	.000	52.90	.00
EMERGENCY ROOM	6,164	6,746	325,835.02	48.30	.031	52.86	1.48
PREVENTIVE CARE	19	19	808.29	42.54	.000	42.54	.00
OB VISITS/COMPRE PERI	1 258	2 937	145 036 44	49 38	013	115 29	66

49.38

145,036.44

.013

115.29

.66

OB VISITS/COMPRE PERI

1,258

2,937

OTHER OUTPATIENT	1,363	1,471	46,580.47	31.67	.007	34.17	.21
INPATIENT VISITS	1 212	3,756	239,803.19	63.85	.017	197.86	1.09
HOSDITAL VISITS	1,157	2 020	137,954.24	45.39	.014	119.23	.63
CRITICAL CARE	101	712	101,645.35	142.76	.003	1006.39	.46
HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES	4	5	203.60	40.72	.000	50.90	.00
ODUMINIANO OCTONI GERMANA	302	332	14,651.65	44.13		48.52	.07
OPHIHALMOLOGICAL SERVICES	302				.002		
EXAMINATIONS	299	329 3 3 3,827 909	14,571.07 80.58 522,527.32 429,535.50 23,627.78	44.29	.001	48.73	.07
SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON	3	3	80.58	26.86	.000	26.86	.00
INPATIENT HOSPITAL SURGERY	1,063	3,827	522,527.32	136.54	.017	491.56	2.38
PRINCIPAL SURGEON	779	909	429,535.50	472.54	.004	551.39	1.95
ASSISTANT SURGEON	139	139	23,627.78	169.98	.001	169.98	.11
ANESTHESIOLOGIST	337	139 2,779 5,513	23,627.78 69,364.04	24.96	.013	205.83	.32
OUTPATIENT SURGERY	2,055	5,512	332,865.37	60.39	.025	161.98	1.51
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION	1,577	1,962	246,409.02	125.59	.009	156.25	1.12
ASSISTANT SURGEON	, 11	11	1,150.83		.000	104.62	.01
ANESTHESTOLOGIST	718	3,539	85,305.52	104.62 24.10	.016	118.81	.39
DIALVEIG	12	•	3 060 72	85 02	.000	255.06	.01
DATIOIOCV	2 005	36 6,822	42,410.95	85.02 6.22 28.49	.031	10.62	.19
PADIOLOGY	5,995	9,589	12,410.93	20.40		41.41	1.24
RADIOLOGI	0,590		273,167.86	20.47	.044		
PSYCHIATRY	5	5	188.05	37.61	.000	37.61	.00
IMMUNIZATION AND INJECTION	837	3,058	90,737.78	29.67	.014	108.41	.41
OTHER SERVICES/ALL X-OVERS	4,302	8,920	209,020.58	23.43	.041	48.59	.95
PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	48,623	135,469 \$	4,714,014.95	\$ 34.80	.617 \$	96.95	
PRESCRIPTION DRUGS	48,208	120,899	4,623,822.47	38.25	.550	95.91	21.04
SNF/ICF	5	13	1,622.89	124.84	.000	324.58	.01
OUTPATIENTS	48,205	13 120,886 14,570	4,622,199.58	38.24	.550	95.89	21.04
MEDICAL SUPPLIES	1,540	120,880 14,570 71 940 \$	90,192.48	6.19	.066	58.57	.41
@DENTIST	12.004	71,940 \$	2,213,860.65	\$ 30.77	.327 \$	184.43	
VISITS - DIAGNOSTIC	8 947	48,350	640,147.49	13.24	.220	71.55	2.91
ORAL SURGERY	1 802	3,513	201,588.31	57.38	.016	111.87	.92
DDIICC	172	356	5,843.75	16.42	.002	33.78	.03
DRUGS	1/3	155	14,716.00	94.94	.002	100.11	.03
ANESTRESTA	147	155					
PERIODONTICS	359	368 2,524	37,839.00 290.265.42	102.82	.002	105.40	.17
ENDODONTICS	1,189	2,524	2,0,200.12	115.00	.011	244.13	1.32
RESTORATIVE DENTISTRY	4,382	14,354	826,548.00	57.58	.065	188.62	3.76
PROSTHETICS	24	24	510.00	21.25	.000	21.25	.00
DENTURES, STAYPLATES	67	258	23,666.00	91.73	.001	353.22	.11
SPACE MAINTAINERS	163	190	20,991.00	110.48	.001	128.78	.10
MAXILLOFACIAL SERVICES	353	355	40,236.93	113.34	.002	113.99	.18
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.00
ORTHODONTIC SERVICES	984	1,229	106,033.75	86.28	.006	107.76	.48
ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	325	263	4,675.00	17.78	.001	14.38	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M		EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 7,374
MOP024	FEE-FOR-SERVICE		.01.111 01 1111111111 111		.000 111110 220	2005	01/29/04
MERCED COUNTY		ICES FOR CGF 30-33 3	15 40 42 3A-3M 3D 3	R 311 3W 4C-4G			01/25/01
HERCED COOMIT	BOILING OF BEICV	Telb for edf 50 55 5	75 10 12 311 311 31 3	010 00 0W 10 10	MONT	HIV MUEDAC!	F
219,727 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ZI9,/Z/ ELIGIBLES	USERS 2.157	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
e O DEIOMEIED I CEI	2,157		152,673.83				
	, -	6,288 \$.029 \$		
DIAGNOSTIC AND ANC. PROCED	1,328	1,342	60,889.85	45.37	.006	45.85	. 28
EYE APPLIANCES	1,627	4,521	66,736.88	14.76	.021	41.02	.30
OTHER OPTOMETRIC SERVICES			25,047.10	58.93	.002	60.65	.11
	413	425					
@CHIROPRACTOR	353	567 \$	9,363.20	\$ 16.51	.003 \$	26.52	
@CHIROPRACTOR VISITS			9,363.20 9,363.20	\$ 16.51 16.51		26.52 26.52	.04
	353	567 \$	9,363.20	\$ 16.51	.003 \$	26.52	
VISITS	353 353	567 \$ 567	9,363.20 9,363.20	\$ 16.51 16.51	.003 \$.003	26.52 26.52	.04
VISITS OTHER SERVICES	353 353 0	567 \$ 567 0	9,363.20 9,363.20 .00 3,075.64	\$ 16.51 16.51 .00	.003 \$.003 .000	26.52 S 26.52 .00	.04
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	353 353 0 31 29	567 \$ 567 0 86 \$ 39	9,363.20 9,363.20 .00 3,075.64 1,425.78	\$ 16.51 16.51 .00 \$ 35.76 36.56	.003 \$.003 .000 .000 \$.000	26.52 S 26.52 .00 99.21 S 49.16	.04 .00 \$.01 .01
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	353 353 0 31 29 5	567 \$ 567 0 86 \$ 39 6	9,363.20 9,363.20 .00 3,075.64 1,425.78 152.14	\$ 16.51 16.51 .00 \$ 35.76 36.56 25.36	.003 \$.003 .000 .000 \$.000	26.52 S 26.52 .00 99.21 S 49.16 30.43	.04 .00 \$.01 .01
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	353 353 0 31 29	567 \$ 567 0 86 \$ 39	9,363.20 9,363.20 .00 3,075.64 1,425.78	\$ 16.51 16.51 .00 \$ 35.76 36.56	.003 \$.003 .000 .000 \$.000	26.52 S 26.52 .00 99.21 S 49.16	.04 .00 \$.01 .01

@HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOPO 24 MERCED COUNTY	109	489 S	3	28,637.53	Ś	58.56	.002	\$ 262.73	Ś.	13
NURSE ANESTHESIST	2	19 \$	ξ.	218 64	Š	11 51	.000	\$ 109.32		00
NUIDSE MIDWIFF	4	20 8		651 23	Ċ	32 56	.000	\$ 162.81		00
DEDIATRIC MIRCE DRACTITIONER	0	0 ¢	2	051.25	Ģ	00	.000	\$.00		00
FAMILY NUDGE DDAGRIFTONED	20	60 s	?	1 002 10	ې خ	22 22	.000	ې .00 د E1 11		01
FAMILY NURSE PRACTITIONER	39	00 Ş	2	1,993.19	Þ	33.22	.000	\$ 51.11		
@TOTAL HOSPITAL	13,592	48,526 \$	5	6,096,509.02	Ş	125.63	.221	\$ 448.54		
HOSP INPATIENT TOTAL	1,059	3,737		4,902,905.39		1311.99	.017	4629.75	22.	
HSC HOSPITALS	934	3,290		4,175,600.98		1269.18	.015	4470.66	19.0	
NON-HSC HOSPITAL TOTAL	129	432		726,464.41		1681.63	.002	5631.51	3.3	31
ACCOMMODATIONS	129	432		192,466.46		445.52	.002	1491.99	. 8	88
ADMINISTRATIVE DAYS	6	18		4,163.40		231.30	.000	693.90	. (02
TRANSITIONAL IP CARE	0	0		, 00		0.0	000	693.90	. (
ALL OTHER ACCOM	123	414		188 303 06		454 84	002	1530 92		
ANCTITARTES	129	0		533 997 95		00	000	1530.92 4139.52	2.4	
TNDATTENT CDOCCOVEDC	1	1 5		940 00		56 00	000	940 00	٠. ١	
INPALLENT CROSSOVERS	1	12		840.00		30.00	.000	840.00	• \	
ALL OTHER INPATIENT	10.020	4.4 500		.00		.00	.000	.00	(
HOSP OUTPATTENT TOTAL	12,839	44,/89		1,193,603.63		26.65	.204	92.97 45.85	5.4	
MEDICAL	4,360	5,805		199,896.02		34.44	.026	45.85	• :	
SURGERY	1,037	1,144		39,094.31		34.17	.005	37.70		18
PATHOLOGY	4,031	14,172		157,240.00		11.10	.064	39.01	. '	72
RADIOLOGY	3,179	4,230		240,066.98		56.75	.019	75.52	1.0	09
ROOM USE	8,515	10,409		399,788.88		38.41	.047	75.52 46.95	1.8	82
CROSSOVERS/ALL OTH OUTPINT	4.726	9.029		157.517.44		17.45	.041	33.33	. '	72
@COUNTY HOSPITAL TOTAL	93	319 \$	3	42 210 87	Ś	132 32	.001	\$ 453.88		19
CO HOSDITAL INDATIFMT TOTAL	8	24		30 660 13	Υ	1277 51	000	3832.52		14
UCC UCCDITAL INFALLENT TOTAL	0	24		20,660.13		1277.51	000	3832.52		14
NON HEG HOODIEN G HOEN	0	24		30,000.13		12//.51	.000	3032.32		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	• 9	00
ACCOMMODATIONS	U	U		.00		.00	.000	.00		00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	. (00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	. (00
ANCILLARIES	0	0		.00		.00	.000	.00	. (00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	. (00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	. (00
CO HOSP OUTPATIENT TOTAL	85	295		11.550.74		39.16	.001	135.89 72.52	. (05
MEDICAL	3.4	5.4		2.465.52		45.66	.000	72.52	. (01
SIRGERY	6	10		538 58		53 86	000	89.76		00
DATUOI OCV	1 0	50		933.66		15 82	000	51.87		00
PADTOLOGY	21	20		2 702 20		60 20	.000	128.68		01
RADIOLOGI ROOM HGB	21	39		2,702.29		09.29	.000	120.00		
ROOM USE	60	88		3,534.64		40.17	.000	58.91		02
CROSSOVERS/ALL OTH OUTPINT	30	45		1,3/6.05		30.58	.000	45.87		01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	S MON	NTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC 2003		
MOP024	FEE-FOR-SERVICE	I/DENTAL							01/29	9/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-33	3 3 5	40 42 3A-3M 3P	3R 3	U 3W 4C-4G				
							M	ONTHLY AVERA	GE	
219,727 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER	COST PI	ER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG	USER	ELIGIB	LE
@COMMUNITY HOSPITAL TOTAL	13,517	48,207 \$	3	6,054,298.15	\$	125.59	.219	\$ 447.90	\$ 27.	55
COMM HOSP INPATIENT TOTAL						1312.21			22.	
HSC HOSPITALS	926	3,266		4,144,940.85		1269.12	.015	4476.18	18.8	
NON-HSC HOSPITALS TOTAL	129	432		726,464.41		1681.63	.002	5631.51	3.	
ACCOMMODATIONS	129	432		192,466.46		445.52	.002	1491.99		88
ADMINISTRATIVE DAYS	6	18		4,163.40		231.30	.000	693.90		02
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		00
ALL OTHER ACCOM	123	414		188,303.06		454.84	.002	1530.92		86
ANCILLARIES	129	0		533,997.95		.00	.000	4139.52	2.4	43
INPATIENT CROSSOVERS	1	15		840.00		56.00	.000	840.00	. (00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		00
COMM HOSP OUTPATIENT TOTAL	12,772	44,494		1,182,052.89		26.57	.202	92.55	5.3	
MEDICAL	4,329	5,751		197,430.50		34.33	.026	45.61		90
111111111111	1,545	5,75±		17,,130.30		51.55	.020	13.01	• -	- 0

SURGERY	1,031	1,134	38,555.73	34.00	.005	37.40	.18
PATHOLOGY	4,017	14,113	156,306.34	11.08	.064	38.91	.71
RADIOLOGY	3,159	4,191	237,364.69	56.64	.019	75.14	1.08
ROOM USE	8,459	10,321	396,254.24	38.39	.047	46.84	1.80
CROSSOVERS/ALL OTH OUTPINT	4,698	8,984	156,141.39	17.38	.041	33.24	.71
@STATE HOSPITAL	3	88	\$ 42,387.73	\$ 481.68	.000	\$ 14129.24	\$.19
MENTALLY ILL	3	88	42,387.73	481.68	.000	14129.24	.19
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	199	\$	9,825.99	\$	49.38	.001	\$	893.27	\$.04
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	199		9,825.99		49.38	.001		893.27		.04
@REHABILITATION FACILITY	98	301	\$	11,820.33	\$	39.27	.001	\$	120.62	\$.05
HOSPITAL BASED	94	291		11,594.78		39.84	.001		123.35		.05
INDEPENDENT FACILITY	4	10		225.55		22.56	.000		56.39		.00
@LABORATORY FACILITY	6,978	21,838	\$	291,613.47	\$	13.35	.099	\$	41.79	\$	1.33
PATHOLOGY	6,973	21,833		291,315.97		13.34	.099		41.78		1.33
XO AND OTHERS	6	5		297.50		59.50	.000		49.58		.00
@ORGANIZED OUTPATIENT CLINIC	27,803	45,948	\$	4,435,250.53	\$	96.53	.209	\$	159.52	\$	20.19
CLINIC	3,055	8,921		192,811.05		21.61	.041		63.11		.88
SURGICENTER	853	3,672		142,511.34		38.81	.017		167.07		.65
HEROIN DETOX CLINIC	1	8		106.18		13.27	.000		106.18		.00
RURAL HEALTH CLINIC	24,458	33,347		4,099,821.96		122.94	.152		167.63		18.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITU	RES 1	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 7,376
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	S FOR CGF 30	-33 3	35 40 42 3A-3M 3P	3R 3U	3W 4C-4G					

MERCED COUNTY	SOMMAN OF SER	ATCES LOW CGL 2	0-33	33 40 42 3A-3M 3F	2K 20 2M 4C-4G			
						MC	NTHLY AVERA	GE
219,727 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15,739	111,228	\$	794,329.99	\$ 7.14	.506	\$ 50.47	\$ 3.62
DURABLE MED. EQUIP.	231	568		23,752.29	41.82	.003	102.82	.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	74		6,199.61	83.78	.000	326.30	.03
MEDICAL TRANSPORTATION	1,200	15,500		246,402.25	15.90	.071	205.34	1.12
AMBULANCES/AIR TRANS	1,200	15,465		183,927.25	11.89	.070	153.27	.84
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	33	35		62,475.00	1785.00	.000	1893.18	.28
ACUPUNCTURE	62	114		2,177.19	19.10	.001	35.12	.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	188	189		19,526.00	103.31	.001	103.86	.09
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,542	5,758		57,798.78	10.04	.026	22.74	.26
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	226	416		31,079.11	74.71	.002	137.52	.14
PROSTHETICS	141	301		25,062.05	83.26	.001	177.75	.11
ORTHOTICS	91	115		6,017.06	52.32	.001	66.12	.03
PSYCHOLOGIST	17	105		5,536.66	52.73	.000	325.69	.03
SPEECH AND AUDIOLOGY	149	364		20,833.30	57.23	.002	139.82	.09
HOSPICE SERVICES	1	8		953.60	119.20	.000	953.60	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11,256	37,375		363,836.59	9.73	.170	32.32	1.66
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	5		82.35	16.47	.000	82.35	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	125	50,757		16,234.61	.32	.231	129.88	.07
@CALIF. CHILDREN SERVICES*	883	5,140	\$	1,394,112.55	\$ 271.23	.023	\$ 1578.84	\$ 6.34
@XOVER EXCLUDING STATE HOSP**	31	91	\$	6,763.88	\$ 74.33	.000	\$ 218.19	\$.03
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAI	RATE INFORMATION	TTEN	ONLY;				-

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MERCED COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,377 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

339,984 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OTOTAL ALL DDOUTDEDC	192,454	OR DAYS OF CARE	70 044 020 15	PER UNIT/DAY \$ 21.89		USER	ELIGIBLE \$ 232.50
@TOTAL, ALL PROVIDERS	65,478	3,610,858 \$ 186,856 \$	79,044,929.15	\$ 21.89 \$ 34.29	10.621 \$.550 \$		\$ 232.50
@PHYSICIANS SERVICES			6,407,610.80				
OUTPATIENT VISITS	40,834	54,892	2,057,470.26	37.48	.161	50.39	6.05
OFFICE VISITS	30,419	38,814	1,295,500.64	33.38	.114	42.59	3.81
HOME VISITS	47	71	2,764.15	38.93	.000	58.81	.01
EMERGENCY ROOM	8,986	10,175	513,673.55	50.48	.030	57.16	1.51
PREVENTIVE CARE	20	20	852.14	42.61	.000	42.61	.00
OB VISITS/COMPRE PERI	1,371	3,125	156,913.93	50.21	.009	114.45	.46
OTHER OUTPATIENT	2,375	2,687	87,765.85	32.66	.008	36.95	. 26
INPATIENT VISITS	2,375 2,793	12,915	687,492.11	53.23	.038	246.15	2.02
HOSPITAL VISITS	2,442	11,119	473,711.30	42.60	.033	193.98	1.39
CRITICAL CARE	236	1,458	204,734.36	140.42	.004	867.52	.60
SNF/ICF/TRANS IP CARE	277	338	9,046.45	26.76	.001	32.66	.03
OPHTHALMOLOGICAL SERVICES	903	1,060	45,778.72	43.19	.003	50.70	.13
EXAMINATIONS	897	1,054	45,641.91	43.30	.003	50.88	.13
SERVICES AND MATERIALS	6	6	136.81	22.80	.000	22.80	.00
INPATIENT HOSPITAL SURGERY	1,743	6,956	842,276.06	121.09	.020	483.23	2.48
PRINCIPAL SURGEON	1,272	1,750	684,856.52	391.35	.005	538.41	2.01
ASSISTANT SURGEON	205	205	35,440.41	172.88	.001	172.88	.10
ANESTHESIOLOGIST	564	5,001	121,979.13	24.39	.015	216.28	.36
OUTPATIENT SURGERY	3,600	9,602	678,739.83	70.69	.028	188.54	2.00
PRINCIPAL SURGEON	2,872	4,026	538,484.39	133.75	.012	187.49	1.58
ASSISTANT SURGEON	42	43	4,717.83	109.72	.000	112.33	.01
ANESTHESIOLOGIST	1,059	5,533	135,537.61	24.50	.016	127.99	.40
DIALYSIS	241	804	74,427.22	92.57	.002	308.83	. 22
PATHOLOGY	6,708 12,367	12,813	82,194.81	6.41	.038	12.25	. 24
RADIOLOGY		20,210	666,185.60	32.96	.059	53.87	1.96
PSYCHIATRY	6	6	252.93	42.16	.000	42.16	.00
IMMUNIZATION AND INJECTION	1,718	13,260	330,718.50	24.94	.039	192.50	.97
OTHER SERVICES/ALL X-OVERS	19,145	54,338	942,074.76	17.34	.160	49.21	2.77
@PHARMACY	125,675	1,077,546 \$	32,193,059.28	\$ 29.88	3.169 \$		
PRESCRIPTION DRUGS	124,245	463,433	30,536,817.58	65.89	1.363	245.78	89.82
SNF/ICF	1,523	10,528	856,358.18	81.34	.031	562.28	2.52
OUTPATIENTS	122,886	452,905	29,680,459.40	65.53	1.332	241.53	87.30
MEDICAL SUPPLIES	9,954	614,113	1,656,241.70	2.70	1.806	166.39	4.87
@DENTIST	18,463	104,153 \$	3,522,327.50	\$ 33.82	.306 \$		
	13,250	68,306	867,653.05	12.70	.201	65.48	2.55
ORAL SURGERY	2,799 216	6,055 485	340,276.56	56.20	.018	121.57	1.00
DRUGS	216	232	7,613.75	15.70	.001	35.25	.02
ANESTHESIA			22,216.00	95.76 111.88	.001	101.44	.07
PERIODONTICS	1,034 1,648	1,108 3,234	123,963.00 435,114.92	134.54	.003 .010	119.89 264.03	.36 1.28
ENDODONTICS	6,407	19,855	1,263,972.15	63.66	.058	197.28	3.72
RESTORATIVE DENTISTRY	72	19,655 79	1,203,972.15	23.67	.000	25.97	.01
PROSTHETICS	838	2,419	265,820.33	109.89	.007	317.21	.78
DENTURES, STAYPLATES	172	2,419	22,026.00	109.58	.007	128.06	.76
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	428	434	49,595.49		.001	115.88	.15
		2		114.28 800.00			
FRACTURES, DISLOCATIONS	2 1,085	1,379	1,600.00 115,626.25	83.85	.000 .004	800.00	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	477	364	4,980.00	13.68	.004	106.57 10.44	.34
#CALIF DEPT OF HEALTH SERV		SES AND EXPENDITURES					.01 PAGE 7,378
MOP024	FEE-FOR-SERVICE		MONTH-OF-PAIMENT RE	EPORI FOR JAN 2	OUS IRRO DE	2003	01/29/04
MERCED COUNTY		IDENTAL VICES FOR CASH GRANT	TOTAT				01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- IOIAL		MONT	ת מינונית אינונים	CE
339,984 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON'		COST PER
222,204 FUIGIDIES	CALGU	OR DAYS OF CARE	FVEFUDIIOKED	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	4,243	12,296 \$	278,757.12	\$ 22.67	.036 \$		
DIAGNOSTIC AND ANC. PROCED	2,041	2,059	93,349.18	45.34	.006	45.74	.27
DIAGNOSTIC AND ANC. FROCED	2,011	4,039	JJ,J49.10	10.01	.000	4J./4	. 4 /

EYE APPLIANCES	3,254	9,135	143,268.63	15.68	.027	44.03	.42
OTHER OPTOMETRIC SERVICES	881	1,102	42,139.31	38.24	.003	47.83	.12
	775						
@CHIROPRACTOR		1,252 \$	20,399.68		.004 \$		
VISITS	748	1,201	19,800.66	16.49	.004	26.47	.06
OTHER SERVICES	28	51	599.02	11.75	.000	21.39	.00
@PODIATRIST	1,136	1,692 \$	18,826.24	\$ 11.13	.005 \$	16.57	\$.06
MEDICINE/INJECTIONS	137	157	4,245.04	27.04	.000	30.99	.01
	10	13		19.70			
SURGERY/ANES.			256.16		.000	25.62	.00
RADIO./PATHOLOGY	11	20	346.00	17.30	.000	31.45	.00
OTHER	1,006	1,502	13,979.04	9.31	.004	13.90	.04
@HOME HEALTH AGENCY	511	12,800 \$	486,433.46	\$ 38.00	.038 \$	951.92	\$ 1.43
NURSE ANESTHESIST	36	297 \$	2,296.27	\$ 7.73	.001 \$		\$.01
NURSE MIDWIFE	6	24 \$	775.49	\$ 32.31	.000 \$	129.25	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
FAMILY NURSE PRACTITIONER	97	166 \$	4,495.02	\$ 27.08	.000 \$	46.34	
@TOTAL HOSPITAL	26,308	129,291 \$	4,495.02 17,256,296.51	\$ 133.47	.380 \$		\$ 50.76
HOSP INPATIENT TOTAL	2,705	14,298	14,307,356.59	1000.65	.042	5289.23	42.08
HSC HOSPITALS	2,003	10,587	12,579,299.12	1188.18	.031	6280.23	37.00
NON-HSC HOSPITAL TOTAL	261	1,002	1,343,393.78	1340.71	.003	5147.10	3.95
ACCOMMODATIONS	260	1,002		393.16	.003	1515.19	1.16
			393,949.62				
ADMINISTRATIVE DAYS	68	352	78,496.35	223.00	.001	1154.36	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	195	650	315,453.27	485.31	.002	1617.71	.93
ANCILLARIES	261	0	949,444.16	.00	.000	3637.72	2.79
ANCILLARIES INPATIENT CROSSOVERS	480	2,709	384,663.69	141.99	.008	801.38	1.13
ALL OTHER INPATIENT	0	2,709	.00	.00	.000	.00	.00
ALL OIDER INPAILENT	24 400	-					
HOSP OUTPATIENT TOTAL	24,409	114,993	2,948,939.92	25.64	.338	120.81	8.67
MEDICAL	7,344	10,846	393,447.92	36.28	.032	53.57	1.16
SURGERY	1,928	2,241	86,553.20	38.62	.007	44.89	.25
PATHOLOGY	7,773	33,227	367,430.29	11.06	.098	47.27	1.08
RADIOLOGY	5,886	8,545	575,133.03	67.31	.025	97.71	1.69
ROOM USE	12,897	17,002	674,024.54	39.64	.050	52.26	1.98
				19.76		76.17	
CROSSOVERS/ALL OTH OUTPTNT		43,132	852,350.94		.127		2.51
@COUNTY HOSPITAL TOTAL	276	1,502 \$	144,290.00	\$ 96.07	.004 \$		
CO HOSPITAL INPATIENT TOTAL		83	99,272.63	1196.06	.000	3545.45	. 29
HSC HOSPITALS	26	83	98,273.58	1184.02	.000	3779.75	.29
NON-HSC HOSPITALS TOTAL	1	0	159.05	.00	.000	159.05	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	159.05	.00	.000	159.05	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	254	1,419	45,017.37	31.72	.004	177.23	.13
MEDICAL	96	193	7,294.14	37.79	.001	75.98	.02
						135.21	
SURGERY	14	23	1,892.99	82.30	.000		.01
PATHOLOGY	84	432	5,224.93	12.09	.001	62.20	.02
RADIOLOGY	61	123	11,266.71	91.60	.000	184.70	.03
	01						.03
	156		9,299.01		.001	59.61	.03
ROOM USE	156	245	9,299.01 10.039.59	37.96	.001	59.61 92.11	
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	156 109	245 403	10,039.59	37.96 24.91	.001	92.11	.03
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	156 109 MEDI-CAL SERVIO	245 403 CES AND EXPENDITURES MO	10,039.59	37.96 24.91	.001	92.11	.03 PAGE 7,379
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	156 109 MEDI-CAL SERVICE FEE-FOR-SERVICE	245 403 CES AND EXPENDITURES MO E/DENTAL	10,039.59 NTH-OF-PAYMENT R	37.96 24.91	.001	92.11	.03
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	156 109 MEDI-CAL SERVICE FEE-FOR-SERVICE	245 403 CES AND EXPENDITURES MO	10,039.59 NTH-OF-PAYMENT R	37.96 24.91	.001 2003 THRU DE	92.11 C 2003	.03 PAGE 7,379 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	156 109 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV	245 403 CES AND EXPENDITURES MO E/DENTAL VICES FOR CASH GRANT -	10,039.59 NTH-OF-PAYMENT RI	37.96 24.91 EPORT FOR JAN 2	.001 2003 THRU DE	92.11 C 2003 THLY AVERA	.03 PAGE 7,379 01/29/04 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	156 109 MEDI-CAL SERVICE FEE-FOR-SERVICE	245 403 CES AND EXPENDITURES MO E/DENTAL	10,039.59 NTH-OF-PAYMENT R	37.96 24.91	.001 2003 THRU DE	92.11 C 2003 THLY AVERA	.03 PAGE 7,379 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	156 109 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV	245 403 CES AND EXPENDITURES MO E/DENTAL VICES FOR CASH GRANT -	10,039.59 NTH-OF-PAYMENT RI	37.96 24.91 EPORT FOR JAN 2	.001 2003 THRU DE MON' UNITS/DAYS	92.11 C 2003 THLY AVERA	.03 PAGE 7,379 01/29/04 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 339,984 ELIGIBLES	156 109 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	245 403 CES AND EXPENDITURES MODEL FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE	10,039.59 NTH-OF-PAYMENT RI TOTAL EXPENDITURES	37.96 24.91 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY	.001 2003 THRU DE MON' UNITS/DAYS PER ELIG	92.11 C 2003 FHLY AVERA COST PER USER	.03 PAGE 7,379 01/29/04 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 339,984 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	156 109 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 26,096	245 403 ZES AND EXPENDITURES MO E/DENTAL VICES FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE 127,789 \$	10,039.59 NTH-OF-PAYMENT RI TOTAL EXPENDITURES 17,112,006.51	37.96 24.91 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 133.91	.001 2003 THRU DEC MON' UNITS/DAYS PER ELIG .376 \$	92.11 C 2003 FHLY AVERA COST PER USER 655.73	.03 PAGE 7,379 01/29/04 GE COST PER ELIGIBLE \$ 50.33
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 339,984 ELIGIBLES	156 109 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	245 403 CES AND EXPENDITURES MODEL FOR CASH GRANT - UNITS OF SERVICE OR DAYS OF CARE	10,039.59 NTH-OF-PAYMENT RI TOTAL EXPENDITURES	37.96 24.91 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY	.001 2003 THRU DE MON' UNITS/DAYS PER ELIG	92.11 C 2003 FHLY AVERA COST PER USER	.03 PAGE 7,379 01/29/04 GE COST PER ELIGIBLE

NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	260 260	1,002 1,002		1,343,234.73 393,949.62		1340.55 393.16 223.00 .00	.003 .003 .001	5166.2 1515.1 1154.3	9	3.95 1.16 .23
ADMINISTRATIVE DAYS	68	352		/8,496.35		223.00	.001	.0		.23
ALL OTHER ACCOM	195	650		315 453 27		485 31	.002	1617.7		.93
ANCILLARIES	260	030		949 285 11		00	.002	3651.1		2.79
INPATIENT CROSSOVERS	479	2.709		383.823.69		141.68	.008	801.3	0	1.13
ALL OTHER INPATIENT	0	2,700		.00		.00	.000	.0		.00
COMM HOSP OUTPATIENT TOTAL	24,216	113,574		2,903,922.55		25.57	.334	119.9	2	8.54
MEDICAL	7,257	10,653		386,153.78		36.25	.031	119.9 53.2	1	1.14
SURGERY	1,914	2,218		84,660.21		38.17	.007	44.2	3	. 25
PATHOLOGY	7,702	32,795		362,205.36		11.04	.096	47.0		1.07
RADIOLOGY	5,829	8,422		563,866.32		66.95	.025	96.7		1.66
ROOM USE	12,768	16,757		664,725.53		.00 485.31 .00 141.68 .00 25.57 36.25 38.17 11.04 66.95 39.67	.049			1.96
CROSSOVERS/ALL OTH OUTPINT	11,096	42,729		842,311.35	4	19.71	.126			2.48
@STATE HOSPITAL	12	363 170	Ş	191,945.33	Ş	528.78	.001	\$ 15995.4		.56
MENIALLY TIL	5 7	1/8 10E		664,725.53 842,311.35 191,945.33 81,383.35 110,561.98 2,947,183.17		457.41	.001 .001	16276.6 15794.5		. 24
ONIDCING FACTITTY	997	105 21 267	Ġ	2 047 192 17	Ġ	120 50	.001	\$ 2956.0	/ 5 ¢	.33 8.67
LEV A-INTERMEDIATE	9 <i>91</i> N	21,207	Ą	2,947,103.17	Ą	.00	.000		0	.00
LEV B-REHAB MD	25	836		101.959.42		121.96	.002	4078.3	8	
LEV B-SUBACUTE FREESTANDING	; 1	2		606.80		303.40	.000	4078.3 606.8	0	.00
LEV B-SUBACUTE HSPTL BASED	4	108		53,691.35		497.14	.000	13422.8	4	.16
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		0	.00
LEV B-REGULAR	970	20,321		2,790,925.60		137.34	.060	2877.2		8.21
@INTERMEDIATE CARE FACILDD	324	10,595	\$	1,889,041.54	\$			\$ 5830.3		5.56
ICF DDH	99	3,165		472,597.85		149.32	.009	4773.7		1.39
ICF DD	0	0		.00		.00	.000	.0		.00
ICF DDN/DDCN	1 1 2 0	7,430	4	1,416,443.69	4	190.64	.022	6295.3		4.17
@HEMODIALYSIS TOTAL	1,130	14,610	Ş	1,009,869.90	\$	2549.94	.043	\$ 893.6 3314.9		2.97 .10
HUSPIIAL BASED	1 1 2 O	1.4 EQ7		33,149.19 976 720 71		66.91	.043	872.0		2.87
@PFHARTITTATTON FACTITTY	386	2 067	Ġ	56 247 06	\$	27.21	.006			.17
HOSPITAL BASED	2.24	751	Ÿ	28.752.39	Ÿ	38.29	.002	128.3		.08
INDEPENDENT FACILITY	165	1,316		27,494.67		20.89	.004	166.6		.08
@LABORATORY FACILITY	14,745	55,179	\$	28,752.39 27,494.67 651,022.87 640,288.45 10,734.42 7,513,746.13 247,137.13 239,396.59 2,258.37	\$	11.80	.162			1.91
PATHOLOGY	14,412	54,381		640,288.45		11.80 11.77 13.45	.160	44.4		1.88
XO AND OTHERS	335	798		10,734.42		13.45	.002	32.0		.03
@ORGANIZED OUTPATIENT CLINIC	48,847	82,760	\$	7,513,746.13	\$	90 79		\$ 153.8	2 \$	22.10
CLINIC	3,749	11,411		247,137.13		90.79 21.66 38.78	.034	65.9	2	
SURGICENTER	2,169	6,173		239,396.59		38.78	.018	110.3	7	.70
HEROIN DETOX CLINIC	11	198		2,258.37		11.41	.001	132.8	5	.01
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	44,U4Z	04,9/8 TEC AND EVDENDITE!	DEC .	/,UZ4,954.U4	ים חחשי	TOS.TT	עלב. יוסטייי פחחכ	DEG 3003	Τ .	20.66 PAGE 7,380
MOP024	FEE-FOR-SERVICE	CES AND EXPENDITO. F/DENTAI.	KES.	MONIH-OF-PAIMENI R	LEPUR	I FOR UAN 2	2003 IRO	DEC 2003		01/29/04
MERCED COUNTY		VICES FOR CASH G	RANT	' - TOTAL						01/20/04
		VIOLD 1011 011011 01		101112			M	ONTHLY AVE	RAGE	
339,984 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV.	ERAGE COST				
		OR DAYS OF CAR				R UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	32,155	1,897,639	\$	4,594,513.43	\$	2.42	5.582	\$ 142.8	9 \$	13.51
DURABLE MED. EQUIP.	1,425	4,130		777,323.53		188.21	.012	545.4		2.29
BLOOD BANK	0	0		.00		.00	.000	.0		.00
HEARING AID DISPENSERS	576	1,019		193,612.89		190.00	.003	336.1		.57
MEDICAL TRANSPORTATION	3,853	132,538		908,649.13		6.86	.390	235.8		2.67
AMBULANCES/AIR TRANS OTHER TRANS	2,803 935	35,692 94,285		461,792.38 345,474.77		12.94 3.66	.105 .277	164.7 369.4		1.36 1.02
OTHER SERVICES	266	2,561		101,381.98		39.59	.008	381.1		.30
ACUPUNCTURE	185	400		7,389.04		18.47	.001	39.9		.02
ADULT DAY HEALTH CARE CTR	448	6,666		461,590.91		69.25	.020	1030.3		1.36
GENETIC DISEASE TESTING	202	203		20,996.00		103.43	.001	103.9		.06

IHMC, MODEL-NF, NF, AIDS, MSSP	1,169	6,258	437,275.89	69.87	.018	374.06	1.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5,799	13,429	167,151.51	12.45	.039	28.82	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	35	89	1,612.01	18.11	.000	46.06	.00
PROSTHETIST/ORTHOTISTS	789	1,854	173,651.93	93.66	.005	220.09	.51
PROSTHETICS	640	1,664	164,965.00	99.14	.005	257.76	.49
ORTHOTICS	155	190	8,686.93	45.72	.001	56.04	.03
PSYCHOLOGIST	21	114	6,114.01	53.63	.000	291.14	.02
SPEECH AND AUDIOLOGY	542	1,288	84,751.37	65.80	.004	156.37	.25
HOSPICE SERVICES	53	1,211	143,910.30	118.84	.004	2715.29	.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13,189	59,650	543,090.04	9.10	.175	41.18	1.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	5	82.35	16.47	.000	82.35	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

6,202 1,668,790 .40 4.908 107.61 1.96 ALL OTHER PROVIDERS 667,394.87 @CALIF. CHILDREN SERVICES* .419 \$ 1465.84 \$ 4,806,501.74 \$ 33.71 142,592 3,279 14.14 @XOVER EXCLUDING STATE HOSP** 17,917 164,365 \$ 2,413,218.23 \$ 14.68 .483 \$ 134.69 \$ 7.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,381
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MOP024	FEE-FOR-SERVICE	I/DENTAL											01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR	185%	PRO	GRAM	- INFANTS	AI	D CODES 47	69				
									M	INO	HLY AVERA	GE.	
4,365 ELIGIBLES	USERS	UNITS OF	SERV	ICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF C	ARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,699	9	9,437		\$	602,776.73	\$	63.87	2.162	\$	223.33	\$	138.09
@PHYSICIANS SERVICES	1,128		2,147		\$	98,551.09	\$	45.90	.492		87.37	\$	22.58
OUTPATIENT VISITS	977		.,346		•	46,371.40	•	34.45	.308		47.46		10.62
OFFICE VISITS	772		L,044			32,517.04		31.15	.239		42.12		7.45
HOME VISITS	0	-	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	221		247			12,180.53		49.31	.057		55.12		2.79
PREVENTIVE CARE	2		2 - 7			69.38		34.69	.000		34.69		.02
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	47		53			1,604.45		30.27	.012		34.14		.37
	46												
INPATIENT VISITS			273			32,292.97		118.29	.063		702.02		7.40
HOSPITAL VISITS	38		83			3,850.20		46.39	.019		101.32		.88
CRITICAL CARE	13		190			28,442.77		149.70	.044		2187.91		6.52
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	10		15			590.21		39.35	.003		59.02		.14
EXAMINATIONS	10		15			590.21		39.35	.003		59.02		.14
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6		20			3,141.97		157.10	.005		523.66		.72
PRINCIPAL SURGEON	4		5			2,569.02		513.80	.001		642.26		.59
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3		15			572.95		38.20	.003		190.98		.13
OUTPATIENT SURGERY	20		39			3,147.03		80.69	.009		157.35		.72
PRINCIPAL SURGEON	15		19			2,588.30		136.23	.004		172.55		.59
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5		20			558.73		27.94	.005		111.75		.13
DIALYSIS	0		0			.00		.00	.000		.00		.00
PATHOLOGY	62		93			310.43		3.34	.021		5.01		.07
RADIOLOGY	131		181			2,055.82		11.36	.041		15.69		.47
PSYCHIATRY	0		101			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	22		28			6,175.37		220.55	.006		280.70		1.41
	107					4,465.89		29.38					
OTHER SERVICES/ALL X-OVERS			152		4		4		.035		41.74		1.02
@PHARMACY	1,681		1,251		\$	123,370.19	\$	29.02	.974	Ş	73.39	\$	28.26
PRESCRIPTION DRUGS	1,650	4	1,097			121,212.10		29.59	.939		73.46		27.77
SNF/ICF	0		0			.00		.00	.000		.00		.00
OUTPATIENTS	1,650	4	1,097			121,212.10		29.59	.939		73.46		27.77
MEDICAL SUPPLIES	84		154			2,158.09		14.01	.035		25.69		.49
@DENTIST	3		6		\$	143.00	\$	23.83	.001	\$	47.67	\$.03
VISITS - DIAGNOSTIC	3		6			143.00		23.83	.001		47.67		.03
ORAL SURGERY	0		0			.00		.00	.000		.00		.00
DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	0		0			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	Ô		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00		.00	.000		.00		.00
INTELORED, DIDLOCATIONS	0		U			.00		.00	.000		.00		.00

 ORTHODONTIC SERVICES
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,382

01/29/04 UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,365 ELIGIBLES USERS
@OPTOMETRIST 1 OR DAYS OF CARE

1 \$ 68.90 ## OFFICIAL PROPERTY OF CARE | Services | Se .000 \$ 68.90 \$ \$ 68.90 . 02 .00 .00 .000 .00 .00 . 00 .02 .00 .00 .00 .00 .00 . 00 .00 .00 . 57 .00 . 00 .00 .00 56.21 48.69 46.75 1.93 1.02 . 00 .00 1.02 .00 .00 7.52 . 93 .23 . 67 . 78 3.05 1.88 .63 .62 .62 . 00 .00 .00 .00 .00 .00 .00 .00 .01 .00 .00 .00

CROSSOVERS/ALL OTH OUTPTNT 1 1.51 .000 1.51 .00 1.51 1

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,383 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MERCED COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	M - INFANTS	AID CODES 47 69						
					MON'	THLY AVERA	GE -			
4,365 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE		
@COMMUNITY HOSPITAL TOTAL	409 27	1,242 \$	242,609.17	\$ 195.34	.285 \$	593.18	\$	55.58		
COMM HOSP INPATIENT TOTAL	27	174	209,808.08	1205.79	.040	7770.67	т.	48.07		
HSC HOSPITALS	22	165	201,373.81	1220.45	.038	9153.36		46.13		
	5	9	8,434.27	937.14	.002	1686.85		1.93		
NON-HSC HOSPITALS TOTAL	5	_	•							
ACCOMMODATIONS	5	9	4,448.85	494.32	.002	889.77		1.02		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00		
ALL OTHER ACCOM	5	9	4,448.85	494.32	.002	889.77		1.02		
ANCILLARIES	5	0	3,985.42	.00	.000	797.08		.91		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00		
COMM HOSP OUTPATIENT TOTAL	386	1,068	32,801.09	30.71	.245	84.98		7.51		
MEDICAL	86	110	4,044.59	36.77	.025	47.03		.93		
SURGERY	18	22	998.17	45.37	.005	55.45		.23		
	103	286	2,913.50	10.19	.066	28.29		. 43		
PATHOLOGY										
RADIOLOGY	91	109	3,389.92	31.10	.025	37.25		.78		
ROOM USE	284	343	13,263.42	38.67	.079	46.70		3.04		
CROSSOVERS/ALL OTH OUTPTNT		198	8,191.49	41.37	.045	59.79		1.88		
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00		.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00		
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	٧	.00		
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00		
	0	0	.00	.00						
LEV B-SUBACUTE FREESTANDING	0				.000	.00		.00		
LEV B-SUBACUTE HSPTL BASED	U	0	.00	.00	.000	.00		.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00		
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00		
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00		
ICF DDH	0	0	.00	.00	.000	.00		.00		
ICF DD	0	0	.00	.00	.000	.00		.00		
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00		
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00		
HOSPITAL BASED	0	0	.00	.00	.000	.00	Y	.00		
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00		
	0						4	.03		
@REHABILITATION FACILITY	∠ 1		149.89	\$ 29.98	.001 \$	74.95	\$			
HOSPITAL BASED	Ţ	2	80.97	40.49	.000	80.97		.02		
INDEPENDENT FACILITY	1	3	68.92	22.97	.001	68.92		.02		
@LABORATORY FACILITY	108	161 \$	1,663.57	\$ 10.33	.037 \$	15.40	\$.38		
PATHOLOGY	108	161	1,663.57	10.33	.037	15.40		.38		
XO AND OTHERS	0	0	.00	.00	.000	.00		.00		
@ORGANIZED OUTPATIENT CLINIC	860	1,231 \$	122,505.66	\$ 99.52	.282 \$	142.45	\$	28.07		
CLINIC	57	68	825.12	12.13	.016	14.48	•	.19		
SURGICENTER	3	7	130.66	18.67	.002	43.55		.03		
HEROIN DETOX CLINIC	0	Ó	.00	.00	.002	.00		.00		
	812	1,156	121,549.88	105.15	.265	149.69		27.85		
RURAL HEALTH CLINIC							D.7			
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	DNTH-OF-PAYMENT R.	EPORT FOR JAN .	2003 THRU DEC	2003	PF	GE 7,384		
MOP024	FEE-FOR-SERVICE							01/29/04		
MERCED COUNTY	SUMMARY OF SERV	VICES FOR 185% PROGRAM	M - INFANTS	AID CODES 47						
					MONT	THLY AVERA	GE -			
4,365 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER		
		OR DAYS OF CARE		PER UNIT/DAY		USER	E	LIGIBLE		
@ALL OTHER PROVIDERS	29	352 \$	8,480.15	\$ 24.09	.081 \$	292.42		1.94		
		332 Y	-,100.10	, =1.02			т.			

DURABLE MED. EQUIP.	11	36		911.77	25.	33.0	8 0	82.89	. 21
BLOOD BANK	0	0		.00		.0	00	.00	.00
HEARING AID DISPENSERS	0	0		.00		.0	00	.00	.00
MEDICAL TRANSPORTATION	18	315		7,537.71	23.	93 .0	72	418.76	1.73
AMBULANCES/AIR TRANS	18	313		3,937.71	12.	58 .0	72	218.76	.90
OTHER TRANS	0	0		.00		.0	00	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.	.0	00	1800.00	.82
ACUPUNCTURE	0	0		.00		.0	00	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.0	00	.00	.00
GENETIC DISEASE TESTING	0	0		.00		.0	00	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.0	00	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.0	00	.00	.00
OPTICIAN	0	0		.00		.0	00	.00	.00
PHYSICAL THERAPIST	0	0		.00		.0	00	.00	.00
PORTABLE X-RAY	0	0		.00		.0	00	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.0	00	.00	.00
PROSTHETICS	0	0		.00		.0	00	.00	.00
ORTHOTICS	0	0		.00		.0	00	.00	.00
PSYCHOLOGIST	0	0		.00		.0	00	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.0	00	.00	.00
HOSPICE SERVICES	0	0		.00		.0	00	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.0	00	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.0	00	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.0	00	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.0	00	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.0	00	.00	.00
ALL OTHER PROVIDERS	1	1		30.67	30.	67 .0	00	30.67	.01
@CALIF. CHILDREN SERVICES*	62	408	\$	186,156.93	\$ 456.	27 .0	93	\$ 3002.53	\$ 42.65
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.	.0	00	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARATE	TNFORMATION	TTEM ON	JI,Y;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,385
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

MERCED COUNTI	SUMMANT OF SER	VICES FOR 103% FROGRAM	- FILEGUALUI A	TD CODES 44 40	ユン		
					MO	NTHLY AVERA	GE
9,274 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,196	27,577 \$	3,648,825.65	\$ 132.31	2.974	\$ 702.24	\$ 393.45
@PHYSICIANS SERVICES	2,760	9,303 \$	678,049.95	\$ 72.89	1.003	\$ 245.67	\$ 73.11
OUTPATIENT VISITS	1,514	3,154	156,776.71	49.71	.340	103.55	16.90
OFFICE VISITS	202	260	10,573.30	40.67	.028	52.34	1.14
HOME VISITS	2	2	117.82	58.91	.000	58.91	.01
EMERGENCY ROOM	185	196	11,326.29	57.79	.021	61.22	1.22
PREVENTIVE CARE	2	2	114.06	57.03	.000	57.03	.01
OB VISITS/COMPRE PERI	1,202	2,681	134,267.88	50.08	.289	111.70	14.48
OTHER OUTPATIENT	12	13	377.36	29.03	.001	31.45	.04
INPATIENT VISITS	569	1,786	126,623.12	70.90	.193	222.54	13.65
HOSPITAL VISITS	536	1,192	50,016.63	41.96	.129	93.31	5.39
CRITICAL CARE	63	594	76,606.49	128.97	.064	1215.98	8.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	139.32	46.44	.000	46.44	.02
EXAMINATIONS	3	3	139.32	46.44	.000	46.44	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	592	1,402	293,629.73	209.44	.151	496.00	31.66
PRINCIPAL SURGEON	466	490	250,959.14	512.16	.053	538.54	27.06
ASSISTANT SURGEON	103	100	16,970.61	169.71	.011	164.76	1.83
ANESTHESIOLOGIST	134	812	25,699.98	31.65	.088	191.79	2.77
OUTPATIENT SURGERY	131	245	15,136.06	61.78	.026	115.54	1.63
PRINCIPAL SURGEON	116	143	12,393.90	86.67	.015	106.84	1.34

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1	186.50	186	5.50	.000	186.50	.02
ANESTHESIOLOGIST	35	101	2,555.66		5.30	.011	73.02	.28
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	390	1,095	8,540.43	•	7.80	.118	21.90	.92
RADIOLOGY	860	1,107	50,413.60	45	5.54	.119	58.62	5.44
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	52	75	3,355.70	4	1.74	.008	64.53	.36
OTHER SERVICES/ALL X-OVERS	313	436	23,435.28	53	3.75	.047	74.87	2.53
@PHARMACY	1,626	3,079	\$ 100,117.68	\$ 32	2.52	.332	\$ 61.57	\$ 10.80
PRESCRIPTION DRUGS	1,546	2,743	87,970.28	32	2.07	.296	56.90	9.49
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	1,546	2,743	87,970.28	32	2.07	.296	56.90	9.49
MEDICAL SUPPLIES	139	336	12,147.40	36	5.15	.036	87.39	1.31
@DENTIST	17	81	\$ 977.00	\$ 12	2.06	.009	\$ 57.47	\$.11
VISITS - DIAGNOSTIC	16	62	534.00	8	3.61	.007	33.38	.06
ORAL SURGERY	3	6	248.00	41	33	.001	82.67	.03

DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00				
ANESTHESIA				.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	13	195.00	15.00	.001	65.00	.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N					PAGE 7,386
MOP024	FEE-FOR-SERVICE		TOTALLE OF THE PROPERTY OF	CELORI TOR GIEV	Z005 IIIKO DL	C 2005	01/29/04
MERCED COUNTY		ICES FOR 185% PROGRA	AM DDECNAME A	AID CODES 44 48	40		01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRA	AM - PREGNANI A	AID CODES 44 48			7.0
0 054 51 5355 53	Hanna				MON		
9,274 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 Ş		•			•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1 \$	74.86	\$ 74.86	.000 \$		\$.01
NURSE ANESTHESIST	1	11 \$	194.86	\$ 17.71	.001 \$	194.86	\$.02
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	1,090	4,211 \$	2,329,661.93	\$ 553.23	.454 \$		\$ 251.20
HOSP INPATIENT TOTAL	539	1,987	2,274,516.12	1144.70	.214	4219.88	245.26
HSC HOSPITALS	440	1,584	1,836,468.09	1159.39	.171	4173.79	198.02
NON-HSC HOSPITAL TOTAL	102	403	438,048.03	1086.97	.043	4294.59	47.23
ACCOMMODATIONS	102	403	157,256.65	390.22	.043	1541.73	16.96
ADMINISTRATIVE DAYS	3	27	6,245.10	231.30	.003	2081.70	.67
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	99	376		401.63			
ALL OTHER ACCOM			151,011.55		.041	1525.37	16.28
ANCILLARIES	102	0	280,791.38	.00	.000	2752.86	30.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	685	2,224	55,145.81	24.80	.240	80.50	5.95
MEDICAL	136	182	9,675.68	53.16	.020	71.14	1.04
SURGERY	44	50	1,584.34	31.69	.005	36.01	.17
PATHOLOGY	279	949	9,459.90	9.97	.102	33.91	1.02
RADIOLOGY	177	193	12,591.06	65.24	.021	71.14	1.36
ROOM USE	263	312	12,458.27	39.93	.034	47.37	1.34
CROSSOVERS/ALL OTH OUTPTNT	280	538	9,376.56	17.43	.058	33.49	1.01
@COUNTY HOSPITAL TOTAL	2	7 \$	9,464.04	\$ 1352.01	.001 \$		
CO HOSPITAL INPATIENT TOTAL	2	7	9,464.04	1352.01	.001	4732.02	1.02
HSC HOSPITALS	2	7	9,464.04	1352.01	.001	4732.02	1.02
	0	0	•				
NON-HSC HOSPITALS TOTAL		-	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ō	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ö	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ő	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
SURGERY	0	0		.00	.000		
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		CES AND EXPENDITURES MON	TH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 7,387
MOP024	FEE-FOR-SERVICE						01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- PREGNANT A	ID CODES 44 48			
					MONT		
9,274 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,088	4,204 \$	2,320,197.89		.453 \$	2132.53	\$ 250.18
COMM HOSP INPATIENT TOTAL	537	1,980	2,265,052.08	1143.97	.214	4217.97	244.24
HSC HOSPITALS	438	1 500	1,827,004.05	1158.53	.170	4171.24	197.00
	102	403	438,048.03	1086.97	.043	4294.59	47.23
	102	403	157,256.65	390.22	.043	1541.73	16.96
ADMINISTRATIVE DAYS	3	27	6,245.10	231.30	.003	2081.70	.67
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3 0 99 102	1,577 403 403 27 0 376 0 0	151,011.55	401.63	.041	1525.37	16.28
ANCILLARIES	102	0	280,791.38	.00	.000	2752.86	30.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	685	2,224	55,145.81	24.80	.240		5.95
	126		9,675.68			80.50	
MEDICAL	136	182		53.16	.020	71.14	1.04
SURGERY	44	50	1,584.34	31.69	.005	36.01	.17
PATHOLOGY	279	949	9,459.90	9.97	.102	33.91	1.02
RADIOLOGY	177	193	12,591.06	65.24	.021	71.14	1.36
ROOM USE	263	312	12,458.27	39.93	.034	47.37	1.34
CROSSOVERS/ALL OTH OUTPTNT		538	9,376.56	17.43	.058	33.49	1.01
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00		.000 \$.00	
HOSPITAL BASED	Õ	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0					.00	
	0	0 \$ 0	.00	\$.00	.000 \$.000		\$.00
HOSPITAL BASED	0		.00	.00		.00	
INDEPENDENT FACILITY	•	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,377	4,229 \$	69,971.82	\$ 16.55	.456 \$	50.81	
PATHOLOGY	1,370	4,221	69,495.82	16.46	.455	50.73	7.49
XO AND OTHERS	1 005	8	476.00	59.50	.001	59.50	.05
@ORGANIZED OUTPATIENT CLINIC	1,895	4,759 \$	394,235.74	\$ 82.84	.513 \$	208.04	
CLINIC	109	638	16,231.87	25.44	.069	148.92	1.75

SURGICENTER 1 5 198.42 39.68 .001 198.42 .02
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 1,795 4,116 377,805.45 91.79 .444 210.48 40.74
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,388
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

MERCED COUNTY	SUMMARY OF SERVI	CES FOR 103% F	ROGRAI	M - PREGNANI F	TID CODES 44 40	49			
						MO	NTHLY AVERA	.GE	-
9,274 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	ιR
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBL	ıΕ
@ALL OTHER PROVIDERS	431	1,903	\$	75,541.81	\$ 39.70	.205	\$ 175.27	\$ 8.1	.5
DURABLE MED. EQUIP.	10	10		822.79	82.28	.001	82.28	.0	9
BLOOD BANK	0	0		.00	.00	.000	.00	.0	0
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.0	0
MEDICAL TRANSPORTATION	55	1,240		35,004.55	28.23	.134	636.45	3.7	7
AMBULANCES/AIR TRANS	55	1,229		15,204.55	12.37	.133	276.45	1.6	4
OTHER TRANS	0	0		.00	.00	.000	.00	.0	0
OTHER SERVICES	11	11		19,800.00	1800.00	.001	1800.00	2.1	.4
ACUPUNCTURE	0	0		.00	.00	.000	.00	.0	0
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.0	0
GENETIC DISEASE TESTING	291	291		30,068.50	103.33	.031	103.33	3.2	4
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.0	0
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.0	0
OPTICIAN	0	0		.00	.00	.000	.00	.0	0
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.0	0
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.0	0
PROSTHETIST/ORTHOTISTS	84	164		9,557.93	58.28	.018	113.78	1.0	3
PROSTHETICS	33	103		4,203.46	40.81	.011	127.38	. 4	5
ORTHOTICS	60	61		5,354.47	87.78	.007	89.24	.5	8
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.0	0
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.0	0
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.0	0
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.0	0
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.0	0
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.0	0
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.0	0
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.0	0
ALL OTHER PROVIDERS	1	198		88.04	.44	.021	88.04	.0	1
@CALIF. CHILDREN SERVICES*	35	485	\$	385,270.52	\$ 794.37		\$ 11007.73	\$ 41.5	4
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.0	0
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION	TTEM (ONLY;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,389
MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

----- MONTHLY AVERAGE -----65 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 25,499.23 \$ 205.64 1.908 \$ 509.98 \$ 392.30 50 124 \$ @TOTAL, ALL PROVIDERS

 25,499.23
 \$ 205.64
 1.908
 \$ 509.98
 \$ 392.30

 975.24
 \$ 44.33
 .338
 \$ 88.66
 \$ 15.00

 401.29
 57.33
 .108
 66.88
 6.17

 24.00
 .015
 24.00
 .37

 .00
 .00
 .000
 .00
 .00

 195.85
 65.28
 .046
 65.28
 3.01

 .00
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 .000
 .00
 .00

 181.44
 60.48
 .046
 60.48
 2.79

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 < 11 22 @PHYSICIANS SERVICES 6 OUTPATIENT VISITS 1 1 OFFICE VISITS 0 0 HOME VISITS 3 0 3 0 EMERGENCY ROOM 3 PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 0 0 INPATIENT VISITS 0 Ω HOSPITAL VISITS CRITICAL CARE Ω

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0									
OUTPATIENT SURGERY	1	3		263.04		87.68	.046		263.04		4.05
PRINCIPAL SURGEON	1	2		233.18		116.59	.031		233.18		3.59
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		29.86		29.86	.015		29.86		.46
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	5		46.12		9.22	.077		23.06		.71
RADIOLOGY	6	6		251.79		41.97	.092		41.97		3.87
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		13.00		13.00	.015		13.00		.20
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	23	38	\$	1,878.85	\$	49.44	.585	Ś	81.69	\$	28.91
PRESCRIPTION DRUGS	23	37	٧	1,867.44	Υ	50.47	.569	٧	81.19	٧	28.73
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	23	37		1,867.44		50.47	.569		81.19		28.73
	1	1				11.41	.015		11.41		
MEDICAL SUPPLIES	1		4	11.41	d			۲.		4	.18
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURE	TO MA		EDODE			שמ			AGE 7,390
			72 MC	JNIH-OF-PAIMENI R	EPOR1	FOR JAN .	2003 IHRU	DEC	2003	E	
MOP024	FEE-FOR-SERVICE		00 CIT	DADELINA DDOGDANA		ATD CODE	7.6				01/29/04
MERCED COUNTY	SUMMARY OF SER	/ICES FOR 60-DAY F	POST	PARTUM PROGRAM		AID CODE				~=	
							M			ŒE:	
65 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0	0	٧	.00	Υ	.00	.000	٧	.00	٧	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0										
OTHER	0	0	4	.00	ċ	.00	.000	д	.00	4	.00
@HOME HEALTH AGENCY	U	0	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
NURSE ANESTHESIST	U	Ü	\$.00	Ş	.00	.000	\$.00	Ş	.00
NURSE MIDWIFE	0	0	\$.00	Ş	.00	.000	Ş	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	27	\$ 19,280.33	\$ 714.09	.415	\$ 2754.33	\$ 296.62
HOSP INPATIENT TOTAL	1	10	18,900.00	1890.00	.154	18900.00	290.77
HSC HOSPITALS	1	10	18,900.00	1890.00	.154	18900.00	290.77
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	17	380.33	22.37	.262	63.39	5.85
MEDICAL	2	2	33.54	16.77	.031	16.77	.52
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	9	105.95	11.77	.138	35.32	1.63

RADIOLOGY	3	2	127.15	63.58	.031	42.38	1.96
ROOM USE	2	2	79.71	39.86	.031	39.86	1.23
	2	2					
CROSSOVERS/ALL OTH OUTPTNT	2	2	33.98	16.99	.031	16.99	.52
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	Ū						
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0				.00	
	U	U	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ω	Λ	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Û	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		S AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU L	DEC 2003	PAGE 7,391
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVI	CES FOR 60-DAY POS	ST PARTIIM PROGRAM	AID COD	E 76		
THEREED COORT	BOILING OF BEILVE	CEC FOR OU DITE FOR	or rimeron ricoonan	1112 602		ATTITUTE ATTITUTE A	C.F.
					-	NTHLY AVERA	-
65 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	V DER ELTG	USER	ELIGIBLE
OCOMMUNITARY HOODITAL HORAL			10 000 33	d 714 00			
@COMMUNITY HOSPITAL TOTAL	7	27 \$	19,280.33	\$ 714.09		\$ 2754.33	
COMM HOSP INPATIENT TOTAL	1	10	18,900.00	1890.00	.154	18900.00	290.77
HSC HOSPITALS	1	10	18,900.00	1890.00	.154	18900.00	290.77
NON-HSC HOSPITALS TOTAL	Ü	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Û	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Û	.00	.00	.000	.00	.00
	Ū	Ū					
INPATIENT CROSSOVERS	0	0	.00	.00	α		
		•			.000	.00	.00
ALL OTHER INPATIENT	0	0	.00				
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0 17	380.33	.00 22.37	.000 .262	.00 63.39	.00 5.85
	0 6 2			.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL MEDICAL	0 6 2 0	17 2	380.33 33.54	.00 22.37 16.77	.000 .262 .031	.00 63.39 16.77	.00 5.85 .52
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 6 2 0	17 2	380.33 33.54 .00	.00 22.37 16.77 .00	.000 .262 .031 .000	.00 63.39 16.77 .00	.00 5.85 .52 .00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 6 2 0 3	17 2	380.33 33.54 .00 105.95	.00 22.37 16.77 .00 11.77	.000 .262 .031 .000	.00 63.39 16.77 .00 35.32	.00 5.85 .52 .00 1.63
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 6 2 0 3 3	17 2	380.33 33.54 .00	.00 22.37 16.77 .00	.000 .262 .031 .000	.00 63.39 16.77 .00 35.32 42.38	.00 5.85 .52 .00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 6 2 0 3 3	17 2	380.33 33.54 .00 105.95 127.15	.00 22.37 16.77 .00 11.77 63.58	.000 .262 .031 .000 .138	.00 63.39 16.77 .00 35.32 42.38	.00 5.85 .52 .00 1.63 1.96
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 6 2 0 3 3 2	17 2	380.33 33.54 .00 105.95 127.15 79.71	.00 22.37 16.77 .00 11.77 63.58 39.86	.000 .262 .031 .000 .138 .031	.00 63.39 16.77 .00 35.32 42.38 39.86	.00 5.85 .52 .00 1.63 1.96 1.23
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 6 2 0 3 3 2 2	17 2	380.33 33.54 .00 105.95 127.15 79.71 33.98	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99	.000 .262 .031 .000 .138 .031 .031	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99	.00 5.85 .52 .00 1.63 1.96 1.23
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 6 2 0 3 3 2 2		380.33 33.54 .00 105.95 127.15 79.71	.00 22.37 16.77 .00 11.77 63.58 39.86	.000 .262 .031 .000 .138 .031	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99	.00 5.85 .52 .00 1.63 1.96 1.23
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	0 6 2 0 3 3 2 2 0	17 2 0 9 2 2 2 0 \$	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99	.000 .262 .031 .000 .138 .031 .031	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 6 2 0 3 3 2 2 0	17 2 0 9 2 2 2 2 0 \$	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00	.000 .262 .031 .000 .138 .031 .031 .031	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0 6 2 0 3 3 2 2 0 0	17 2 0 9 2 2 2 0 \$ 0 \$	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00	.000 .262 .031 .000 .138 .031 .031 .031 .000	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 6 2 0 3 3 2 2 0 0 0	17 2 0 9 2 2 2 2 0 \$	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00	.000 .262 .031 .000 .138 .031 .031 .031	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	•	17 2 0 9 2 2 2 2 0 \$ 0 0 \$	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00	.000 .262 .031 .000 .138 .031 .031 .031 .000	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0	17 2 0 9 2 2 2 2 0 \$ 0 0 0 0 \$	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00	.000 .262 .031 .000 .138 .031 .031 .031 .000 .000	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 \$.00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	•	17 2 0 9 2 2 2 2 0 \$ 0 0 \$ 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00	.000 .262 .031 .000 .138 .031 .031 .031 .000 .000	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 \$.00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0	17 2 0 9 2 2 2 2 0 \$ 0 0 0 0 \$	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00	.000 .262 .031 .000 .138 .031 .031 .031 .000 .000	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 \$.00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	17 2 0 9 2 2 2 2 0 \$ 0 0 \$ 0 0 \$ 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00	.000 .262 .031 .000 .138 .031 .031 .031 .000 .000 .000	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 \$.00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 \$.00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0 0 0	17 2 0 9 2 2 2 2 0 \$ 0 0 \$ 0 0 \$ 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00	\$.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00	.000 .262 .031 .000 .138 .031 .031 .000 .000 .000	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 \$.00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0 0 0	17 2 0 9 2 2 2 2 0 \$ 0 0 \$ 0 0 \$ 0 0 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.000 .262 .031 .000 .138 .031 .031 .000 .000 .000	\$.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0 0 0	17 2 0 9 2 2 2 2 0 \$ 0 0 \$ 0 0 \$ 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00 .00	\$.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00	.000 .262 .031 .000 .138 .031 .031 .000 .000 .000	\$.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 \$.00
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0 0 0	17 2 0 9 2 2 2 2 0 \$ 0 0 \$ 0 0 \$ 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.000 .262 .031 .000 .138 .031 .031 .000 .000 .000 .000	\$.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	0 0 0	17 2 0 9 2 2 2 2 0 \$ 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.000 .262 .031 .000 .138 .031 .031 .000 .000 .000 .000 .000	\$.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH	0 0 0	17 2 0 9 2 2 2 2 0 0 \$ 0 0 0 \$ 0 0 0 0 0 0 0 0 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00 .00 .00 .00 .00 .0	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.000 .262 .031 .000 .138 .031 .031 .000 .000 .000 .000 .000 .000	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH	0 0 0	17 2 0 9 2 2 2 2 0 \$ 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00 .00 .00 .00 .00 .0	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.000 .262 .031 .000 .138 .031 .031 .000 .000 .000 .000 .000 .000	.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD	0 0 0 0 0 0 0	17 2 0 9 2 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.000 .262 .031 .000 .138 .031 .031 .000 .000 .000 .000 .000 .000	\$.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN	0 0 0 0 0 0 0	17 2 0 9 2 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00 .00 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.000 .262 .031 .000 .138 .031 .031 .031 .000 .000 .000 .000 .000	\$.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD	0 0 0 0 0 0 0	17 2 0 9 2 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0	380.33 33.54 .00 105.95 127.15 79.71 33.98 .00 .00 .00 .00 .00 .00	.00 22.37 16.77 .00 11.77 63.58 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.000 .262 .031 .000 .138 .031 .031 .000 .000 .000 .000 .000 .000	\$.00 63.39 16.77 .00 35.32 42.38 39.86 16.99 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 5.85 .52 .00 1.63 1.96 1.23 .52 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	8 \$	239.10	\$ 29.89	.123 \$	47.82	
PATHOLOGY	5	8	239.10	29.89	.123	47.82	3.68
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	18	29 \$	3,125.71	\$ 107.78	.446 \$	173.65	\$ 48.09
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	29	3,125.71	107.78	.446	173.65	48.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 7,392
MOP024	FEE-FOR-SERVICE	J/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY POST	r partum program	AID CODE	76		
					MONT	THLY AVERAG	E
65 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	Õ	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	Ö	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

@CALIF. CHILDREN SERVICES*

MERCED COUNTY

@XOVER EXCLUDING STATE HOSP**

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,393 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

						MON	NIHLY AVERA	∆GŁ:	
13,704 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7,945	37,138	\$ 4,277,101.61	\$	115.17	2.710	538.34	\$	312.11
@PHYSICIANS SERVICES	3 899	11 472	\$ 777 576 28	Š	67 78	837	199 43	\$	56 74

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

.00 \$

.00 \$

.00 \$

.00 \$

.000 \$

.000 \$

.00

.00

.00

.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	2,497	4,507		203,549.40	45.16	.329	81.52		14.85
OFFICE VISITS	975	1,305		43,114.34	33.04	.095	44.22		3.15
HOME VISITS	2	2		117.82	58.91	.000	58.91		.01
EMERGENCY ROOM	409	446		23,702.67	53.15	.033	57.95		1.73
PREVENTIVE CARE	4	4		183.44	45.86	.000	45.86		.01
OB VISITS/COMPRE PERI	1,205	2,684		134,449.32	50.09	.196	111.58		9.81
OTHER OUTPATIENT	59	66		1,981.81	30.03	.005	33.59		.14
INPATIENT VISITS	615	2,059		158,916.09	77.18	.150	258.40		11.60
HOSPITAL VISITS	574	1,275		53,866.83	42.25	.093	93.84		3.93
CRITICAL CARE	76	784		105,049.26	133.99	.057	1382.23		7.67
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	13	18		729.53	40.53	.001	56.12		.05
EXAMINATIONS	13	18		729.53	40.53	.001	56.12		.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	598	1,422		296,771.70	208.70	.104	496.27		21.66
PRINCIPAL SURGEON	470	495		253,528.16	512.18	.036	539.42		18.50
ASSISTANT SURGEON	103	100		16,970.61	169.71	.007	164.76		1.24
ANESTHESIOLOGIST	137	827		26,272.93	31.77	.060	191.77		1.92
OUTPATIENT SURGERY	152	287		18,546.13	64.62	.021	122.01		1.35
PRINCIPAL SURGEON	132	164		15,215.38	92.78	.012	115.27		1.11
ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50		.01
ANESTHESIOLOGIST	41	122		3,144.25	25.77	.009	76.69		.23
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	454	1,193		8,896.98	7.46	.087	19.60		.65
RADIOLOGY	997	1,294		52,721.21	40.74	.094	52.88		3.85
	0								.00
PSYCHIATRY		0		.00	.00	.000	.00		
IMMUNIZATION AND INJECTION	75	104		9,544.07	91.77	.008	127.25		.70
OTHER SERVICES/ALL X-OVERS	420	588		27,901.17	47.45	.043	66.43		2.04
@PHARMACY	3,330	7,368	\$	225,366.72	\$ 30.59	.538 \$	67.68	\$	16.45
PRESCRIPTION DRUGS	3,219	6,877		211,049.82	30.69	.502	65.56		15.40
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	3,219	6,877		211,049.82	30.69	.502	65.56		15.40
MEDICAL SUPPLIES	224	491		14,316.90	29.16	.036	63.91	4.	1.04
@DENTIST	20	87	\$	1,120.00	\$ 12.87	.006 \$	56.00	Ş	.08
VISITS - DIAGNOSTIC	19	68		677.00	9.96	.005	35.63		.05
ORAL SURGERY	3	6		248.00	41.33	.000	82.67		.02
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		
PERIODONTICS	0	_							.00
ENDODONTICS	U	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	3	13		195.00	15.00	.001	65.00		.01
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
	0	0							
FRACTURES, DISLOCATIONS	U	U		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES I	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PA	GE 7,394
MOP024	FEE-FOR-SERVICE	:/DENTAL							01/29/04
			AND 6	O-DAY PP TOTAL, CO	DES 44 47 48 4	9 69 76			,,
MERCELD COONTI	BOTHMET OF BLICK	TELB TOR TOST	1111D 0	0 <i>D</i> 111 11 1011111, co	DEC 11 17 10 1	MONT	רטדע אזודס	CF _	
13 704 BLIGTBIRG	HGRRG	INITES OF SERVIT	α.		ATTERNACE COOR			-	
13,704 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		UNITS/DAYS		_	OST PER
		OR DAYS OF CA			PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	1	1	\$	68.90	\$ 68.90	.000 \$	68.90	\$.01
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	1	1		68.90	68.90	.000	68.90		.01
	0	0	ė			.000 \$.00	ċ.	
@CHIROPRACTOR	0		\$.00	•	•		Ą	.00
		0		.00	.00	.000	.00		.00
VISITS	U	0		.00	.00	.000			.00

				0.0		0.0	000		0.0		0.0
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	21		d		4			4		4	
@HOME HEALTH AGENCY		38	Ş	2,568.55	\$	67.59		\$	122.31	\$.19
NURSE ANESTHESIST	1	11	Ş	194.86	\$	17.71		\$	194.86	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,508	5,484	Ś	2,594,292.85	\$	473.07	.400	\$	1720.35	\$	189.31
HOSP INPATIENT TOTAL	568	2,173	Υ	2,505,928.20	Υ	1153.21	.159	Ψ.	4411.85	т	182.86
HSC HOSPITALS	464	1,761		2,059,445.90		1169.48	.129		4438.46		150.28
NON-HSC HOSPITAL TOTAL	107	412		446,482.30		1083.69	.030		4172.73		32.58
ACCOMMODATIONS	107	412		161,705.50		392.49	.030		1511.27		11.80
ADMINISTRATIVE DAYS	3	27		6,245.10		231.30	.002		2081.70		.46
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	104	385		155,460.40		403.79	.028		1494.81		11.34
ANCILLARIES	107	0		284,776.80		.00	.000		2661.47		20.78
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ŏ	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,078	3,311		88,364.65			.242		81.97		
						26.69					6.45
MEDICAL	224	294		13,753.81		46.78	.021		61.40		1.00
SURGERY	62	72		2,582.51		35.87	.005		41.65		.19
PATHOLOGY	385	1,244		12,479.35		10.03	.091		32.41		.91
RADIOLOGY	271	304		16,108.13		52.99	.022		59.44		1.18
ROOM USE	550	658		25,837.31		39.27	.048		46.98		1.89
CROSSOVERS/ALL OTH OUTPTNT	420	739		17,603.54		23.82	.054		41.91		1.28
@COUNTY HOSPITAL TOTAL	4	11	\$	12,205.46	\$	1109.59	.001	\$	3051.37	\$.89
CO HOSPITAL INPATIENT TOTAL	3	9	•	12,168.04		1352.00	.001	-	4056.01	•	.89
HSC HOSPITALS	3	9		12,168.04		1352.00	.001		4056.01		.89
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		37.42		18.71	.000		37.42		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	Ô	0		.00		.00	.000		.00		.00
RADIOLOGY	Ô	0		.00		.00	.000		.00		.00
ROOM USE	1	1		35.91		35.91	.000		35.91		.00
	1	1		1.51		1.51	.000		1.51		.00
CROSSOVERS/ALL OTH OUTPTNT			- N/C					D		D.7	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MC	JNTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU .	DEC	2003	PA	GE 7,395
MOP024	FEE-FOR-SERVICE										01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR 185% ANI	60-	-DAY PP TOTAL, COI	DES	44 47 48 4					
							M				
13,704 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C	OST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,504	5,473	\$	2,582,087.39	\$	471.79	.399	\$	1716.81	\$	188.42
COMM HOSP INPATIENT TOTAL	565	2,164		2,493,760.16		1152.38	.158		4413.73		181.97
HSC HOSPITALS	461	1,752		2,047,277.86		1168.54	.128		4440.95		149.39
NON-HSC HOSPITALS TOTAL	107	412		446,482.30		1083.69	.030		4172.73		32.58
ACCOMMODATIONS	107	412		161,705.50		392.49	.030		1511.27		11.80
ACCOMMODATIONS ADMINISTRATIVE DAYS	3	27		6,245.10		231.30	.002		2081.70		.46
	0	0									
TRANSITIONAL IP CARE	U	U		.00		.00	.000		.00		.00

ALL OTHER ACCOM	104	385	155,460.40	403.79	.028		1494.81	11.34
ANCILLARIES	107	0	284,776.80	.00	.000	:	2661.47	20.78
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	1,077	3,309	88,327.23	26.69	.241		82.01	6.45
MEDICAL	224	294	13,753.81	46.78	.021		61.40	1.00
SURGERY	62	72	2,582.51	35.87	.005		41.65	.19
PATHOLOGY	385	1,244	12,479.35	10.03	.091		32.41	.91
RADIOLOGY	271	304	16,108.13	52.99	.022		59.44	1.18
ROOM USE	549	657	25,801.40	39.27	.048		47.00	1.88
CROSSOVERS/ALL OTH OUTPINT	419	738	17,602.03	23.85	.054		42.01	1.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00

LEV B-REHAB MD	0	0	. (00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	. (0.0	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	. (0.0	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	. (0.0	.00	.000	.00		.00
LEV B-REGULAR	0	0	. (0.0	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	00 \$.00	.000 \$.00	\$.00
ICF DDH	0	0	. (00	.00	.000	.00		.00
ICF DD	0	0	. (0.0	.00	.000	.00		.00
ICF DDN/DDCN	0	0	. (0.0	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.0	00 \$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	. (00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	. (0.0	.00	.000	.00		.00
@REHABILITATION FACILITY	2	5	\$ 149.8	39 \$	29.98	.000 \$		\$.01
HOSPITAL BASED	1	2	80.9	97	40.49	.000	80.97		.01
INDEPENDENT FACILITY	1	3	68.9	92	22.97	.000	68.92		.01
@LABORATORY FACILITY	1,490	4,398	\$ 71,874.	49 \$	16.34	.321 \$	48.24	\$	5.24
PATHOLOGY	1,483	4,390	71,398.4		16.26	.320	48.14		5.21
XO AND OTHERS	8	8	476.0	0.0	59.50	.001	59.50		.03
@ORGANIZED OUTPATIENT CLINIC	2,773	6,019	\$ 519,867.3	L1 \$	86.37	.439 \$	187.47	\$	37.94
CLINIC	166	706	17,056.9	99	24.16	.052	102.75	-	1.24
SURGICENTER	4	12	329.0	08	27.42	.001	82.27		.02
HEROIN DETOX CLINIC	0	0	. (0.0	.00	.000	.00		.00
RURAL HEALTH CLINIC	2,625	5,301	502,481.0)4	94.79	.387	191.42		36.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MONTH-OF-PAYMENT	repor	T FOR JAN 2	2003 THRU DE	C 2003	P	AGE 7,396
MOP024	FEE-FOR-SERVICE/	DENTAL							01/29/04
MERCED COUNTY	SUMMARY OF SERVI	CES FOR 185% AND	60-DAY PP TOTAL,	CODES	44 47 48 49	9 69 76			
						MON	THLY AVERA	GE ·	
13,704 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITUR	ES AV	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	460	2,255	\$ 84,021.9	96 \$	37.26	.165	182.66	\$	6.13
DURABLE MED. EQUIP.	21	46	1,734.	56	37.71	.003	82.60		.13
BLOOD BANK	0	0	. (0 0	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	. (0 0	.00	.000	.00		.00
MEDICAL TRANSPORTATION	73	1,555	42,542.	26	27.36	.113	582.77		3.10
AMBULANCES/AIR TRANS	73	1,542	19,142.3		12.41	.113	262.22		1.40
OTHED TOXNO	Λ			۱0	0.0	000	0.0		0.0

13,704 ELIGIBLES		NITS OF SERVIC		EX	PENDITURES		UNITS/DAY	COST PER	COST PER
		OR DAYS OF CARI				UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	460	2,255	\$		84,021.96	\$ 37.26	.165	\$ 182.66	\$ 6.13
DURABLE MED. EQUIP.	21	46			1,734.56	37.71	.003	82.60	.13
BLOOD BANK	0	0			.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	73	1,555			42,542.26	27.36	.113	582.77	3.10
AMBULANCES/AIR TRANS	73	1,542			19,142.26	12.41	.113	262.22	1.40
OTHER TRANS	0	0			.00	.00	.000	.00	.00
OTHER SERVICES	13	13			23,400.00	1800.00	.001	1800.00	1.71
ACUPUNCTURE	0	0			.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	291	291			30,068.50	103.33	.021	103.33	2.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00	.00
OPTICIAN	0	0			.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	84	164			9,557.93	58.28	.012	113.78	.70
PROSTHETICS	33	103			4,203.46	40.81	.008	127.38	.31
ORTHOTICS	60	61			5,354.47	87.78	.004	89.24	.39
PSYCHOLOGIST	0	0			.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0			.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	199			118.71	.60	.015	59.36	.01
@CALIF. CHILDREN SERVICES*	97	893	\$		571,427.45	\$ 639.90	.065	\$ 5891.00	\$ 41.70
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARAT	E INFORMATION	ITEM	ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,397 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

HERCED COONII	BOINING OF BEICV	ICHO TOR TITHE IT DI	BICEOTICE TICES	MID CODE	MONT		7.5
1 220 ELICIDIEC	USERS	INTER OF CEDITOR	EXPENDITURES	VILLOVCE COCH	MONT		COST PER
1,238 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	ELIGIBLE
emomai ali provincino	1 110		541,702.39				
@TOTAL, ALL PROVIDERS	1,118	17,770 \$		\$ 30.48 \$ 8.76	14.354 \$	484.53 46.76	
@PHYSICIANS SERVICES	330	1,761 \$	15,431.13	7	1.422 \$		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	139.32	46.44	.002	46.44	.11
EXAMINATIONS	3	3	139.32	46.44	.002	46.44	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	Ô	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0					
IMMUNIZATION AND INJECTION	-		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	327	1,758	15,291.81	8.70	1.420	46.76	12.35
@PHARMACY	1,012	9,587 \$	326,451.57	\$ 34.05	7.744 \$		\$ 263.69
PRESCRIPTION DRUGS	1,000	5,128	317,744.54	61.96	4.142	317.74	256.66
SNF/ICF	16	124	5,152.51	41.55	.100	322.03	4.16
OUTPATIENTS	984	5,004	312,592.03	62.47	4.042	317.67	252.50
MEDICAL SUPPLIES	154	4,459	8,707.03	1.95	3.602	56.54	7.03
@DENTIST	48	190 \$	11,208.00	\$ 58.99	.153 \$	233.50	
VISITS - DIAGNOSTIC	29	112	1,338.00	11.95	.090	46.14	1.08
ORAL SURGERY	8	18	916.00	50.89	.015	114.50	.74
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	255.00	127.50	.002	127.50	.21
ENDODONTICS	1	1	215.00	215.00	.001	215.00	.17
RESTORATIVE DENTISTRY	10	22	2,624.00	119.27	.018	262.40	2.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	17	35	5,860.00	167.43	.028	344.71	4.73
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M				2003	PAGE 7,398
MODO34	TEDI CAL SERVICE		CI.III OI IIIIIIIIII IN	J	11110 DEC	. 2005	01/20/04

01/29/04

MERCED COUNTY

MERCED COUNTY	SUMMARY OF SERVICES FO	OR TITLE I	I DISRE	GARD - AGED		AID CODE	16			
							MON	THLY AVERAG	ΞE	
1,238 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DA	AYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	32	69	\$	1,247.13	\$	18.07	.056 \$		Ġ	1.01
DIAGNOSTIC AND ANC. PROCED	2	2	4	94.90	т	47.45	.002	47.45	т	.08
EYE APPLIANCES	23	53		926.11		17.47	.043	40.27		.75
	11	14		226.12		16.15		20.56		.18
OTHER OPTOMETRIC SERVICES	0		d		4		.011		4	
@CHIROPRACTOR	<u>~</u>	0	\$.00	\$.00	.000 \$		Þ	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	47	50	\$	224.68	\$	4.49	.040 \$		\$.18
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	47	50		224.68		4.49	.040	4.78		.18
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	1	3	S	19.14	Ś	6.38	.002 \$		\$.02
NURSE MIDWIFE	0	ñ	Š	.00	Š	.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	Ő	ç	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	٠ د	.00	ب ب	.00			\$.00
	120	-	ې د		ې خ					
@TOTAL HOSPITAL	128	836	Þ	23,687.94	\$	28.33	.675 \$		\$	19.13
HOSP INPATIENT TOTAL	15	84		12,182.75		145.03	.068	812.18		9.84
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	15	84		12,182.75		145.03	.068	812.18		9.84
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	115	752		11,505.19		15.30	.607	100.05		9.29
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
	1	1		3.50		3.50		3.50		.00
PATHOLOGY	1						.001			
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	114	751		11,501.69		15.32	.607	100.89		9.29
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	ñ		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	0	•								
CO HOSP OUTPATIENT TOTAL	U	0		.00		.00	.000	.00		.00
MEDICAL	U	U		.00		.00	.000	.00		.00
SURGERY	Ü	Ü		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU DE	C 2003	Ρ	AGE 7,399
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
MEDGED COUNTY	CIIMMADY OF CEDVICES ES		T DICDE	CADD ACED		VID CODE	16			

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	ONTI	HLY AVERA	GE ·	
1,238 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST		-	COST PER	_	COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	128	836	\$	23,687.94		28.33	.675	\$	185.06	\$	19.13
COMM HOSP INPATIENT TOTAL	15	84		12,182.75		145.03	.068		812.18		9.84
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0 0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00 .00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	15	84		12,182.75		145.03	.068		812.18		9.84
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	115	752		11,505.19		15.30	.607		100.05		9.29
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		3.50		3.50	.001		3.50		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	114	751		11,501.69		15.32	.607		100.89		9.29
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00		.00	.000	-	.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	25	423	\$	62,895.08	\$	148.69	.342	\$	2515.80	\$	50.80
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	25	423		62,895.08		148.69	.342		2515.80		50.80
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	4	.00		.00	.000	4	.00	4	.00
@HEMODIALYSIS TOTAL	4	4	\$	1,992.07		498.02	.003	\$	498.02	\$	1.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	0	\$	1,992.07		498.02	.003	ė.	498.02	\$	1.61 .00
@REHABILITATION FACILITY HOSPITAL BASED	0	0	Ą	.00	•	.00	.000	\$.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	25	\$	209.53		8.38	.020	\$	19.05	\$.17
PATHOLOGY	1	3	٧	4.80		1.60	.002	Y	4.80	٧	.00
XO AND OTHERS	10	22		204.73		9.31	.018		20.47		.17
@ORGANIZED OUTPATIENT CLINIC	137	275	\$	8,084.71		29.40	.222	Ś	59.01	\$	6.53
CLINIC	0	0	4	.00	•	.00	.000	т.	.00	т.	.00
SURGICENTER	28	35		676.54		19.33	.028		24.16		.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	113	240		7,408.17		30.87	.194		65.56		5.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M			r for Jan 2		DEC	2003	P	AGE 7,400
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE	16				
							M			GE	
1,238 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	314	4,547	\$	90,251.41		19.85	3.673	\$	287.42	\$	72.90
DURABLE MED. EQUIP.	14	28		9,129.05		326.04	.023		652.08		7.37
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	33	41		10,101.78		246.38	.033		306.11		8.16
MEDICAL TRANSPORTATION	14	266		1,443.40		5.43	.215		103.10		1.17

AMBULANCES/AIR TRANS	4	60	598.88	9.98	.048	149.72	.48
OTHER TRANS	7	166	588.36	3.54	.134	84.05	.48
OTHER SERVICES	4	40	256.16	6.40	.032	64.04	.21
ACUPUNCTURE	2	6	108.13	18.02	.005	54.07	.09
ADULT DAY HEALTH CARE CTR	20	285	19,796.66	69.46	.230	989.83	15.99
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	119	460	39,125.44	85.06	.372	328.79	31.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	82	2,153.83	26.27	.066	63.35	1.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	8	250.66	31.33	.006	62.67	.20
PROSTHETICS	4	8	250.66	31.33	.006	62.67	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	10	434.70	43.47	.008	86.94	.35

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	148	3,361		7,707.76	2.29	2.715	52.08	6.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	553	4,870	\$	65,805.45	\$ 13.51	3.934	\$ 119.00	\$ 53.15
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDADATE	TNEODMATION	TTEM ONLY:					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,401 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

11211022 0001111	Sermant of Serv	1010 1011 11111 11 010	22212	1112 00210 10	MONT	HIY AVERAGE	
31 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	28	238 \$	17,259.30	\$ 72.52	7.677 \$	616.40 \$	
@PHYSICIANS SERVICES	12	22 \$	346.34	\$ 15.74	.710 \$	28.86 \$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	22	346.34	15.74	.710	28.86	11.17
@PHARMACY	24	154 \$	11,743.92	\$ 76.26	4.968 \$	489.33 \$	
PRESCRIPTION DRUGS	24	149	11,419.65	76.64	4.806	475.82	368.38
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	149	11,419.65	76.64	4.806	475.82	368.38
MEDICAL SUPPLIES	2	5	324.27	64.85	.161	162.14	10.46
@DENTIST	2	16 \$	338.00	\$ 21.13	.516 \$	169.00 \$	
VISITS - DIAGNOSTIC	2	9	31.00	3.44	.290	15.50	1.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS ENDODONTICS	0	0	.00	.00	.000	.00	.00
FINDODONITICS	U	U	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	2	7	307.00	43.86	.226	153.50	9.90
PROSTHETICS	0	0		.00	.000	.00	.00
	0	0	.00				
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	Ü	Ü	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,402
MOP024	FEE-FOR-SERVICE						01/29/04
MERCED COUNTY		ICES FOR TITLE II D	ISREGARD - BLIND	AID CODES 26	6A		
11211022 0001111	Bornanci di Berr	1010 1011 11111 11 5		1112 00210 10	MON	THIV AVERA	3E
31 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
JI EDIGIDDED	OBERD	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0		0.0	- ,			
		0 \$.00	\$.00	.000 \$		•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	3.24	\$ 3.24	.032 \$	3.24	\$.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1		3.24	3.24	.032	3.24	.10
	1	1 0 \$					
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	U	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	Ü	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	3	18 \$	332.75	\$ 18.49	.581 \$	110.92	\$ 10.73
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	18	332.75	18.49	.581	110.92	10.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	18	332.75	18.49	.581	110.92	10.73
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	Ü	Û	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00		.00		000		.00		.00
MEDICAL	0	0	.00		.00		000		.00		.00
SURGERY	0	0	.00		.00	_	000		.00		.00
PATHOLOGY	0	0	.00		.00		000		.00		.00
RADIOLOGY	0	Ô	.00		.00		000		.00		.00
	0	0	.00		.00		000		.00		.00
ROOM USE	0	0									
CROSSOVERS/ALL OTH OUTPTNT	0	· ·	.00		.00		000	~	.00		.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 1	'HRU	DEC	2003	PI	AGE 7,403
MOP024	FEE-FOR-SERVICE/I										01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	ES FOR TITLE II I	DISREGARD - BLIND	AID	CODES 26	6A					
							N	TION	ILY AVERA	GE -	
31 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS	J/DAY	rs c	COST PER		COST PER
		OR DAYS OF CARE			UNIT/DAY				USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	18 \$	332.75	\$	18.49		581		110.92		10.73
COMM HOSP INPATIENT TOTAL	0	0	.00	Y	.00		000	٧	.00	Y	.00
	0	0							.00		
HSC HOSPITALS	0	-	.00		.00		000				.00
NON-HSC HOSPITALS TOTAL	Ü	0	.00		.00		000		.00		.00
ACCOMMODATIONS	0	0	.00		.00		000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00		000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00		000		.00		.00
ANCILLARIES	0	0	.00		.00	_	000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00		000		.00		.00
ALL OTHER INPATIENT	Ô	0	.00		.00		000		.00		.00
	0	18									
COMM HOSP OUTPATIENT TOTAL	3		332.75		18.49		581		110.92		10.73
MEDICAL	U	0	.00		.00		000		.00		.00
SURGERY	Ü	0	.00		.00		000		.00		.00
PATHOLOGY	0	0	.00		.00		000		.00		.00
RADIOLOGY	0	0	.00		.00		000		.00		.00
ROOM USE	0	0	.00		.00		000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	18	332.75		18.49	_	581		110.92		10.73
@STATE HOSPITAL	0	0 \$.00	\$.00		000	\$.00	Ś	.00
MENTALLY ILL	0	0	.00	τ	.00		000	Υ	.00	Ψ.	.00
DEVELOP. DISABLED	0	Ö	.00		.00		000		.00		.00
	0	0 \$.00	\$.00		000	\$.00	ب.	
@NURSING FACILITY	0	U Ş		Ą				Ą		Ą	.00
LEV A-INTERMEDIATE	0	U	.00		.00		000		.00		.00
LEV B-REHAB MD	Ü	0	.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00		000		.00		.00
LEV B-REGULAR	0	0	.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00		000	\$.00	\$.00
ICF DDH	0	0	.00	·	.00	_	000		.00	•	.00
ICF DD	0	0	.00		.00		000		.00		.00
ICF DDN/DDCN	Ô	0	.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	7	7 \$	3,642.91	\$	520.42		226	\$		\$	117.51
	,	7 ş 0		Ą				Ą		Ą	
HOSPITAL BASED	U	_	.00		.00		000		.00		.00
HEMODIALYSIS CENTER	/	7	3,642.91		520.42		226	4.	520.42		117.51
@REHABILITATION FACILITY	0	0 \$.00	\$.00		000	Ş	.00	\$.00
HOSPITAL BASED	0	0	.00		.00		000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00		000		.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00		000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00		000		.00		.00
XO AND OTHERS	0	0	.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	6 \$	136.32	\$	22.72		194	\$	34.08	\$	4.40
CLINIC CLINIC	0	n y	.00	~	.00		000	4	.00	~	.00
	0	0			.00				.00		
SURGICENTER	U	•	.00				000				.00
HEROIN DETOX CLINIC	U	0	.00		.00		000		.00		.00
RURAL HEALTH CLINIC	4	6	136.32		22.72		194		34.08		4.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 1	'HRU	DEC	2003	PI	AGE 7,404

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

11211022 0001111	DOIMMENT OF DESCRIPTION				1112 00220 20	V		
						MOI	NTHLY AVERA	GE
31 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	14	\$	715.82	\$ 51.13	.452	\$ 178.96	\$ 23.09
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		25.00	25.00	.032	25.00	.81
MEDICAL TRANSPORTATION	1	3		22.60	7.53	.097	22.60	.73
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	3		22.60	7.53	.097	22.60	.73
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	3		217.28	72.43	.097	217.28	7.01
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	7		450.94	64.42	.226	225.47	14.55
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00		\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	15	58	\$	4,798.78	\$ 82.74		\$ 319.92	\$ 154.80
* TOTALC IN THECE LINES ADD	CITIENT AC A CEDADAM		TTAO METER		•		•	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,405 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

					1.1014	11111 111111111	
501 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	418	8,699 \$	238,420.54	\$ 27.41	17.363 \$	570.38	\$ 475.89
@PHYSICIANS SERVICES	119	371 \$	5,193.51	\$ 14.00	.741 \$	43.64	\$ 10.37
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.09
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	10.90	5.45	.004	5.45	.02
OTHER SERVICES/ALL X-OVERS	116	368	5,136.17	13.96	.735	44.28	10.25
@PHARMACY	364	5,269	\$ 184,246.13	\$ 34.97	10.517	\$ 506.17	\$ 367.76
PRESCRIPTION DRUGS	358	1,909	177,137.89	92.79	3.810	494.80	353.57

SNF/ICF	1	6		305.20		50.87	.012	3	305.20		.61
OUTPATIENTS	357	1,903	1	76,832.69		92.92	3.798	4	195.33		352.96
MEDICAL SUPPLIES	71	3,360		7,108.24		2.12	6.707	1	L00.12		14.19
@DENTIST	47	195	\$	7,242.00	\$	37.14	.389	\$ 1	L54.09	\$	14.46
VISITS - DIAGNOSTIC	28	132		1,338.00		10.14	.263		47.79		2.67
ORAL SURGERY	6	15		889.00		59.27	.030	1	L48.17		1.77
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.002	1	L00.00		.20
PERIODONTICS	8	10		1,024.00		102.40	.020	1	L28.00		2.04
ENDODONTICS	3	5		520.00		104.00	.010	1	L73.33		1.04
RESTORATIVE DENTISTRY	13	30		3,306.00		110.20	.060	2	254.31		6.60
PROSTHETICS	1	1		.00		.00	.002		.00		.00
DENTURES, STAYPLATES	1	1		65.00		65.00	.002		65.00		.13
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 20	003	PA	GE 7,406
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- DISABLE	D AID	CODES 36	66 6C				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 501 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 19 @OPTOMETRIST 271.19 14.27 .038 \$ 38.74 \$.54 47.45 DIAGNOSTIC AND ANC. PROCED 1 47.45 47.45 .002 .09 .024 12 202.18 16.85 50.55 EYE APPLIANCES .40 OTHER OPTOMETRIC SERVICES 21.56 3.59 7.19 .012 .04 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 12 53.28 4.44 .024 \$ 6.66 \$.11 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 12 53.28 4.44 .024 6.66 .11 .00 .00 .000 \$.00 @HOME HEALTH AGENCY 0 .00 .00 NURSE ANESTHESIST .00 .000 \$.00 .00 NURSE MIDWIFE 0 .00 \$.00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 .577 @TOTAL HOSPITAL 289 7,434.26 25.72 185.86 14.84 HOSP INPATIENT TOTAL 3,568.94 43.52 .164 713.79 7.12 HSC HOSPITALS .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 .000 .00 ANCILLARIES 0 .00 .00 .000 .00 .00 713.79 INPATIENT CROSSOVERS 3,568.94 43.52 .164 7.12 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 35 207 3,865.32 18.67 110.44 7.72 .413 MEDICAL 0 .00 .00 .000 .00 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 0 ROOM USE 0 0 .00 .00 .000 .00 .00 35 207 3,865.32 18.67 7.72 CROSSOVERS/ALL OTH OUTPTNT .413 110.44 @COUNTY HOSPITAL TOTAL 0 0 .00 \$.00 .000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2 2003	PAGE 7,407
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04

----- MONTHLY AVERAGE -----

MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

501 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/π	RAGE COST			COST DER	CE	COST PER
JOI HHIGIDHED	овыкв	OR DAYS OF CARE		HAL BIVDI I GICED		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	289	\$	7,434.26	\$	25.72	.577		185.86		14.84
COMM HOSP INPATIENT TOTAL	5	82	Υ	3,568.94	т	43.52	.164	Ψ.	713.79	τ.	7.12
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	82		3,568.94		43.52	.164		713.79		7.12
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	35	207		3,865.32		18.67	.413		110.44		7.72
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	35	207		3,865.32		18.67	.413		110.44		7.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	11	32	\$	14,823.69	\$	463.24	.064	\$	1347.61	\$	29.59
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	11	32		14,823.69		463.24	.064		1347.61		29.59
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	7	\$	4,433.98	\$	633.43	.014	\$	739.00	\$	8.85
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	7		4,433.98		633.43	.014		739.00		8.85
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	2	6 \$	9.58	\$	1.60	.012	\$ 4.79	\$.02
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	2	6	9.58		1.60	.012	4.79		.02
@ORGANIZED OUTPATIENT CLINIC	65	112 \$	5,523.28	\$	49.32	.224	\$ 84.97	\$	11.02
CLINIC	1	1	5.30		5.30	.002	5.30		.01
SURGICENTER	1	1	9.53		9.53	.002	9.53		.02
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	63	110	5,508.45		50.08	.220	87.44		10.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE	7,408
MOP024	FEE-FOR-SERVICE/DE	NTAL						0	1/29/04
MERCED COUNTY	SUMMARY OF SERVICE	S FOR TITLE II	DISREGARD - DISABL	ED AII	CODES 36	66 6C			

----- MONTHLY AVERAGE -----USERS 501 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 81 2,387 9,189.64 3.85 4.764 \$ 113.45 S 18.34 DURABLE MED. EQUIP. 5 5 2,895.82 579.16 .010 579.16 5.78 Ω 0 .00 .00 .000 .00 . 00 BLOOD BANK HEARING AID DISPENSERS Ω 0 .00 .00 .000 .00 .00 .130 65 MEDICAL TRANSPORTATION 650.88 10.01 81.36 1.30 .00 .00 Ω Ο .00 .000 .00 AMBULANCES/AIR TRANS 9 60.75 6.75 .018 30.38 OTHER TRANS .12 56 590.13 10.54 OTHER SERVICES .112 73.77 1.18 .00 ACUPUNCTURE Ω .00 .000 .00 .00 0 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .00 OCCUPATIONAL THERAPIST Ω 0 .00 .00 .000 .00 .00 OPTICIAN 717.69 13.80 .104 31.20 1.43 .00 PHYSICAL THERAPIST 0 0 .00 .00 .000 .00 .00 PORTABLE X-RAY Ω Ω .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 3 5 275.40 55.08 .010 91.80 .55 275.40 91.80 55.08 .010 .55 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 166.83 33.37 .010 55.61 .33 .00 .00 .000 .00 .00 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 0 .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 2,255 ALL OTHER PROVIDERS 4,483.02 1.99 4.501 91.49 8.95 .00 \$ @CALIF. CHILDREN SERVICES* 0 0 .00 \$.00 .000 \$.00 31,492.07 5.517 \$ @XOVER EXCLUDING STATE HOSP** 175 2,764 11.39 179.95 \$ 62.86

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,409
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

					_		. — —				
							Mo	ГИC	CHLY AVERA	ωGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE	}		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	0	0	0.0	0.0	0.00	0.0	0.0
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	U	U	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
EXAMINATIONS	Ü	Ü	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON	U	U	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	Ω	Ο	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON	U	U	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ü	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0					
IMMUNIZATION AND INJECTION	Ū	ŭ	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	Ō	0	.00	.00	.000	.00	.00
	0	-					
SNF/ICF	U	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00		.000 \$		\$.00
	0			•			·
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
ANESTHESIA	U	U		.00	.000		
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	Ω	Λ	.00	.00	.000	.00	.00
	0	0	.00	. 0 0	.000		
			0.0	0.0	0.00		0.0
PROSTHETICS	Ü	Ü	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00 .00
DENTURES, STAYPLATES	0 0 0	0 0 0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES SPACE MAINTAINERS	0 0	0 0 0	.00	.00	.000	.00 .00 .00	.00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0 0 0	0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0 0 0 0	0 0 0 0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00 .00	.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0 0 0 0 0	0 0 0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	•	<u> </u>	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 PAGE 7,410
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	ES AND EXPENDITURES MON DENTAL	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON DENTAL	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 PAGE 7,410
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	ES AND EXPENDITURES MON DENTAL	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR	.00 .00 .00 .00 .00 TH-OF-PAYMENT REPO	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2	.000 .000 .000 .000 .000 .000 003 THRU DEC	.00 .00 .00 .00 .00 .00 .00 2003	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	ES AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR UNITS OF SERVICE	.00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2 DISCONTINU	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS	.00 .00 .00 .00 .00 .00 .00 2003	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MON DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2 DISCONTINU	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR UNITS OF SERVICE	.00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2 DISCONTINU	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	ES AND EXPENDITURES MON DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES A	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2 DISCONTINU AVERAGE COST	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	ES AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES #	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY S .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.00 .00 .00 .00 .00 .00 2003 HLY AVERAGE COST PER USER .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0	ES AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES # .00 .00 .00	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0	ES AND EXPENDITURES MON DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES A .00 .00 .00	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY .00 .00 .00	.000 .000 .000 .000 .000 .000 .003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 \$.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER .00 .00	.00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0	ES AND EXPENDITURES MON DENTAL CES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES # .00 .00 .00	.00 .00 .00 .00 .00 .00 DRT FOR JAN 2 DISCONTINU AVERAGE COST PER UNIT/DAY .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0	ES AND EXPENDITURES MON / DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES A .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .01 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0	ES AND EXPENDITURES MON DENTAL ECES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES # .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES A .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0	ES AND EXPENDITURES MON DENTAL ECES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES # .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES A .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 003 THRU DEC ED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	.00 .00 .00 .00 .00 .00 .00 2003 HLY AVERAG COST PER USER .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	.00 .00 .00 .00 .00 .00 TH-OF-PAYMENT REPO EGARD - FAMILIES EXPENDITURES A .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .2003 HLY AVERAG COST PER USER .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 PAGE 7,410 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	0.0	.000	.00	0.0	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
	0	0						.00	
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	U	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$		\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTH-OR			03 THRU DEC		PAGE 7,411	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
MERCED COUNTY	SUMMARY OF SERVICES FOR	TITLE D	II DISREGARI	O - FAMILIES	DISCONTINUE	D		- , -,	
						MONTE	HLY AVERAG	E	
						1101111		_	

					MON'	I'HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTE	H-OF-PAYMENT RE	EPORT	FOR JAN 200	03 THRU	DEC	2003	PAGE	E 7,412
MOP024	FEE-FOR-SERVICE/DENTAL									(01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREC	GARD - FAMILIES	S 1	DISCONTINUE)				

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 DURABLE MED. EQUIP. 0 0 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 .00 .00 @CALIF. CHILDREN SERVICES* \$.00 .000 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COONTI	SOMMAN OF SERV	ICES FOR TITLE II		DREGARD TOTAL		M		א מידוני אידו	C E	
1,770 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST					OST PER
I, //O EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY			USER	_	LIGIBLE
@TOTAL, ALL PROVIDERS	1,564		\$	797,382.23	\$ 29.86	15.089		509.84		450.50
@PHYSICIANS SERVICES	461		\$	20,970.98	•	1.217		45.49		11.85
	0	2,154	Ą	20,970.98	\$ 9.74 .00	.000	Ą	.00	Ą	.00
OUTPATIENT VISITS	0							.00		
OFFICE VISITS	0	0		.00	.00	.000				.00
HOME VISITS		0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	0	0		.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	4		185.76	46.44	.002		46.44		.10
EXAMINATIONS	4	4		185.76	46.44	.002		46.44		.10
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	Ô	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
	0	0		.00	.00	.000		.00		.00
PSYCHIATRY		2			5.45					
IMMUNIZATION AND INJECTION	2 455	2,148		10.90		.001		5.45		.01
OTHER SERVICES/ALL X-OVERS	1 400	∠,148 15 010	\$	20,774.32	9.67	1.214	4	45.66	4	11.74
@PHARMACY	1,400	15,010	Ş	522,441.62	\$ 34.81	8.480	Þ		Þ	
PRESCRIPTION DRUGS	1,382	7,186		506,302.08	70.46 41.98 70.98 2.06	4.060		366.35		286.05
SNF/ICF	17	130		5,457.71	41.98	.073		321.04		3.08
OUTPATIENTS	1,365	7,056		500,844.37	70.98	3.986		366.92		282.96
MEDICAL SUPPLIES	227 97	7,824		16,139.54		4.420		71.10		9.12
@DENTIST	97 59	401	Ş	18,788.00		.227	Ş	193.69	Ş	10.61
VISITS - DIAGNOSTIC		253		2,707.00	10.70	.143		45.88		1.53
ORAL SURGERY	14	33		1,805.00	54.70	.019		128.93		1.02
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	1	1		100.00	100.00	.001		100.00		.06
PERIODONTICS	10	12		1,279.00	106.58	.007		127.90		.72
ENDODONTICS	4	6		735.00	122.50	.003		183.75		.42
RESTORATIVE DENTISTRY	25	59		6,237.00	105.71	.033		249.48		3.52
PROSTHETICS	1	1		.00	.00	.001		.00		.00
DENTURES, STAYPLATES	18	36		5,925.00	164.58	.020		329.17		3.35
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	2	0		.00	.00	.000		.00		.00
		ES AND EXPENDITURE	S MO				DEC		PA	GE 7,414
MOP024	FEE-FOR-SERVICE									01/29/04
MERCED COUNTY		ICES FOR TITLE II	DIS	SREGARD - TOTAL						
						M	ONT	HLY AVERA	GE -	
1 770 DI TOTDI DO	HOEDO	INITEG OF GERMAN		EXPENDIBLE	ATTERAGE GOOM					OCE DED

1,770 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	39	88	\$	1,518.32	\$	17.25	.050	\$	38.93	\$.86
DIAGNOSTIC AND ANC. PROCED	3	3	'	142.35	•	47.45	.002	•	47.45		.08
EYE APPLIANCES	27	65		1,128.29		17.36	.037		41.79		.64
OTHER OPTOMETRIC SERVICES	14	20		247.68		12.38	.011		17.69		.14
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	56	63	\$	281.20	\$	4.46	.036	\$		\$.16
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	56 0	63 0	٠,	281.20 .00	۲.	4.46	.036 .000	ė.	5.02 .00	۲.	.16 .00
@HOME HEALTH AGENCY NURSE ANESTHESIST	1	3	\$ \$	19.14	\$ \$	6.38	.002	\$ \$	19.14	\$ \$.01
NURSE MIDWIFE	0	0	4	.00	4	.00	.002	\$.00	Ģ Y	.00
PEDIATRIC NURSE PRACTITIONER		0	Ś	.00	\$.00	.000	\$.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000	Š	.00	\$.00
@TOTAL HOSPITAL	171	1,143	Š	31,454.95	\$	27.52	.646	\$	183.95	\$	17.77
HOSP INPATIENT TOTAL	20	166	-	15,751.69	-	94.89	.094	т.	787.58	т.	8.90
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	20	166		15,751.69		94.89	.094		787.58		8.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	153 0	977		15,703.26		16.07	.552 .000		102.64		8.87
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY PATHOLOGY	1	1		3.50		3.50	.001		3.50		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		976		15,699.76		16.09	.551		103.29		8.87
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL	J 0	0	•	.00	•	.00	.000	•	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	•	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPOR7			DEC		PA	GE 7,415
MOP024	FEE-FOR-SERVIC		-		_						01/29/04
MERCED COUNTY	SUMMARY OF SER	VICES FOR TITLE	II D	ISREGARD - TOTAL			M		II V 717FD7	CE	
1,770 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES		ERAGE COST		S			OST PER
		OR DAYS OF CAR		0		R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	171	1,143	\$	31,454.95	\$	27.52	.646	\$	183.95	Ş	17.77

COMM HOSP INPATIENT TOTAL	20	166	15,751.69	94.89	.094	787.58	8.90
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	166	15,751.69	94.89	.094	787.58	8.90
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	153	977	15,703.26	16.07	.552	102.64	8.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.50	3.50	.001	3.50	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	152	976		15,699.76		16.09	.551		103.29		8.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	·	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	36	455	\$	77,718.77	\$	170.81	.257	\$	2158.85	\$	43.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	36	455		77,718.77		170.81	.257		2158.85		43.91
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	17	18	\$	10,068.96	\$	559.39	.010	\$	592.29	\$	5.69
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	17	18		10,068.96		559.39	.010		592.29		5.69
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	31	\$	219.11	\$	7.07	.018	\$	16.85	\$.12
PATHOLOGY	1	3		4.80		1.60	.002		4.80		.00
XO AND OTHERS	12	28		214.31		7.65	.016		17.86		.12
@ORGANIZED OUTPATIENT CLINIC	206	393	\$	13,744.31	\$	34.97	.222	\$	66.72	\$	7.77
CLINIC	1	1		5.30		5.30	.001		5.30		.00
SURGICENTER	29	36		686.07		19.06	.020		23.66		.39
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	180	356		13,052.94		36.67	.201		72.52		7.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES M	IONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 7,416
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DI	SREGARD - TOTAL							
							M	ONT	HLY AVERA	GE -	

1,770 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	399	6,948 \$	100,156.87	\$ 14.42	3.925	\$ 251.02	\$ 56.59
DURABLE MED. EQUIP.	19	33	12,024.87	364.39	.019	632.89	6.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	34	42	10,126.78	241.11	.024	297.85	5.72
MEDICAL TRANSPORTATION	23	334	2,116.88	6.34	.189	92.04	1.20
AMBULANCES/AIR TRANS	4	60	598.88	9.98	.034	149.72	.34
OTHER TRANS	9	175	649.11	3.71	.099	72.12	.37
OTHER SERVICES	13	99	868.89	8.78	.056	66.84	.49
ACUPUNCTURE	2	6	108.13	18.02	.003	54.07	.06
ADULT DAY HEALTH CARE CTR	20	285	19,796.66	69.46	.161	989.83	11.18
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	119	460	39,125.44	85.06	.260	328.79	22.10
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	58	137	3,088.80	22.55	.077	53.26	1.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	13	526.06	40.47	.007	75.15	.30
PROSTHETICS	7	13	526.06	40.47	.007	75.15	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	15	601.53	40.10	.008	75.19	.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	199	5,623	12,641.72	2.25	3.177	63.53	7.14
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	743	7,692	\$ 102,096.30	\$ 13.27	4.346	\$ 137.41	\$ 57.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,417 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

MERCED COUNTY	BOMMAKI OF BEKV	ICES FOR IN HOME SOF	FORT AGED	AID CODE	10		3.B
1 010 71 77777	Hanna				MON'		
1,812 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	1 500	OR DAYS OF CARE	1 000 100 00	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,702	78,738 \$	1,090,490.97	\$ 13.85	43.454 \$		
@PHYSICIANS SERVICES	482	2,956 \$	28,801.48	\$ 9.74	1.631 \$		•
OUTPATIENT VISITS	1	1	18.10	18.10	.001	18.10	.01
OFFICE VISITS	1	1	18.10	18.10	.001	18.10	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	139.32	46.44	.002	46.44	.08
EXAMINATIONS	3	3	139.32	46.44	.002	46.44	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.92	2.92	.001	2.92	.00
RADIOLOGY	2	2	23.70	7.90	.002	11.85	.01
PSYCHIATRY	0	0	.00	.00	.002	.00	.00
	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	475	2,948		9.71	1.627	60.25	.00 15.79
OTHER SERVICES/ALL X-OVERS	1,413	2,948 21,446 \$	28,617.44	\$ 23.71	11.836 \$		
@PHARMACY	1,413	, - 1	508,462.09 495,564.80	\$ 23.71 64.86	4.216	359.85	273.49
PRESCRIPTION DRUGS	•	7,640		57.79	.240	447.89	13.84
SNF/ICF	56 1 220	434	25,081.89	65.29			
OUTPATIENTS	1,339	7,206	470,482.91		3.977	351.37	259.65
MEDICAL SUPPLIES	161	13,806	12,897.29	.93	7.619	80.11	7.12
@DENTIST	66	242 \$	7,785.00	\$ 32.17	.134 \$		•
VISITS - DIAGNOSTIC	40	160	1,551.00	9.69	.088	38.78	.86
ORAL SURGERY	11	15	844.00	56.27	.008	76.73	.47
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	6	620.00	103.33	.003	103.33	.34
ENDODONTICS	3	3	735.00	245.00	.002	245.00	.41
RESTORATIVE DENTISTRY	12	30	2,188.00	72.93	.017	182.33	1.21
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	13	27	1,817.00	67.30	.015	139.77	1.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

0 0 MAXILLOFACIAL SERVICES .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 .00 ALL OTHER SERVICES 0 .00 .00 .00 .000

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,418 MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY	CIMMADA OF CEDA	JICES FOR IN HOME	CIID	DODE ACED		AID CODE	1.0				01/25/01
MERCED COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUP	PORI - AGED		AID CODE				αп	
1 010 51 10151 50	Hanna					D. G. G. G.	MO			ŒĽ.	
1,812 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	31 3 22 9	77	\$	•	\$				48.42	\$	
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.002		47.45		.08
EYE APPLIANCES	22	61		1,062.99		17.43	.034		48.32		.59
OTHER OPTOMETRIC SERVICES	9	13		295.76		22.75	.007		32.86		.16
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000	•	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	69	92	\$	572.95	Ś		.051		8.30	Ś	.32
MEDICINE/INJECTIONS	0	0	٧	.00	٧	.00	.000	Y	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
RADIO./PATHOLOGY	69			.00		.00					
OTHER	69	92		572.95		6.23	.051		8.30		.32
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000				.00
NURSE ANESTHESIST	2	17	\$	62.27	Ş	3.66	.009		31.14		.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	0 1 147 34	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	0 1 1,082 205	\$	2.76	\$	2.76	.001	\$	2.76	\$.00
@TOTAL HOSPITAL	147	1,082	\$	48,731.27 35,172.48	\$	45.04	.597	Ś	331.51	\$	26.89
HOSP INPATIENT TOTAL	34	205		35,172.48		171.57	.113		1034.48		19.41
HSC HOSPITALS	0	0		0.0		0.0	.113		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00 .00 .00 .00 .00 .00 .00 35,172.48 .00 13,558.79		. 00	.000		.00		.00
ACCOMMODATIONS	0	0		0.0		0.0	.000		.00		.00
ADMINISTRATIVE DAYS	Ô	Ö		0.0		00	.000		.00		.00
TRANSITIONAL IP CARE	0 0 0 0 0 34 0	0		00		00	.000		.00		.00
ALL OTHER ACCOM	0	0 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00		.00
	2.4	205		.00		171 57	.000		.00 1034.48 .00 114.91 .00		
INPATIENT CROSSOVERS	34			35,1/2.48		1/1.5/	.113		1034.48		19.41
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	118	877		13,558.79		15.46	.484		114.91		7.48
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	118	877		13,558.79		15.46	.484		114.91		7.48
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00					.00		
ALL OTHER ACCOM	0	0				.00	.000				.00
ANCILLARIES	U	U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ü	Ü		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

 RADIOLOGY
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 ROOM USE
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 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,419 01/29/04

1,812 ELIGIBLES USERS

@COMMUNITY HOSPITAL TOTAL 147
COMM HOSP INPATIENT TOTAL 34 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,420 MOP024 FEE-FOR-SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18 01/29/04

----- MONTHLY AVERAGE -----1,812 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	706	51,412 \$	261,752.44	\$ 5.09	28.373 \$	370.75	\$ 144.45
DURABLE MED. EQUIP.	27	60	21,964.90	366.08	.033	813.51	12.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	48	14,661.52	305.45	.026	523.63	8.09
MEDICAL TRANSPORTATION	83	3,492	16,743.71	4.79	1.927	201.73	9.24
AMBULANCES/AIR TRANS	8	112	1,065.74	9.52	.062	133.22	.59
OTHER TRANS	66	3,068	14,375.92	4.69	1.693	217.82	7.93
OTHER SERVICES	11	312	1,302.05	4.17	.172	118.37	.72
ACUPUNCTURE	10	25	416.31	16.65	.014	41.63	.23
ADULT DAY HEALTH CARE CTR	67	1,095	75,836.26	69.26	.604	1131.88	41.85
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	251	1,257	101,510.14	80.76	.694	404.42	56.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	44	105	1,651.29	15.73	.058	37.53	.91
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	16	360.66	22.54	.009	51.52	.20
PROSTHETICS	7	16	360.66	22.54	.009	51.52	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	11	539.09	49.01	.006	107.82	.30
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	380	45,303	28,068.56	.62	25.002	73.86	15.49
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	827	7,610	\$ 185,505.76	\$ 24.38	4.200	\$ 224.31	\$ 102.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,421 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

11211022 0001111	Borning of Berry	1020 1011 211 110112	0011011	3221.3		1112 0022	MC	ידער	HIV AVERA	CF	
55 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/1	RAGE COST	UNITS/DAYS		COST PER	_	COST PER
33 1110111111	OBLIE	OR DAYS OF CARE		DAI DINDITORDO		R UNIT/DAY	PER ELIG	,	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	66	2,746	\$	66,373.75	\$	24.17	49.927	Ġ			1206.80
@PHYSICIANS SERVICES	18	333	Š Š	955.42	\$	2.87	6.055	\$	53.08	\$	17.37
OUTPATIENT VISITS	0	0	Ÿ	.00	٧	.00	.000	٧	.00	Y	.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	18	333		955.42		2.87	6.055		53.08		17.37
@PHARMACY	60	1,070	\$	34,373.24	\$	32.12	19.455	\$	572.89	\$	624.97
PRESCRIPTION DRUGS	60	501		33,174.32		66.22	9.109		552.91		603.17
SNF/ICF	1	9		481.81		53.53	.164		481.81		8.76
OUTPATIENTS	60	492		32,692.51		66.45	8.945		544.88		594.41
MEDICAL SUPPLIES	20	569		1,198.92		2.11	10.345		59.95		21.80
@DENTIST	1	1	\$	140.00	\$	140.00	.018	\$	140.00	\$	2.55

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	140.00	140.00	.018	140.00	2.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	003 THRU DE	C 2003	PAGE 7,422
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	S FOR IN HOME SUP	PORT - BLIND	AID CODE	28		
					MON	THLY AVERAC	GE
55 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1	1 \$	30.00	\$ 30.00	.018 \$	30.00	\$.55
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00

									HANTA ITU		
55 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	1	\$	30.00	\$	30.00	.018	Ś	30.00	\$.55
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000		.00	•	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	1	1		30.00		30.00	.018		30.00		.55
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	ė.	.00	\$.00
VISITS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0									
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	8.03	\$	8.03	.018	\$	8.03	\$.15
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		8.03		8.03	.018		8.03		.15
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$.00	.000	Ś	.00	\$.00
@TOTAL HOSPITAL	5	11	Š	907.17	Š	82.47	.200	Š	181.43	Š	16.49
HOSP INPATIENT TOTAL	1	0	Ψ.	840.00	٧	.00	.000	٧	840.00	٧	15.27
HSC HOSPITALS	Û	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	0	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	U		.00		.00	.000		.00		.00
ANCILLARIES	0	Ü		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		15.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	11		67.17		6.11	.200		16.79		1.22
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	Ō	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	11		67.17		6.11	.200		16.79		1.22
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	Ô	0	Ψ.	.00	٧	.00	.000	٧	.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODALLONS	U	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES I					PAGE 7,423
MOP024	FEE-FOR-SERVICE			2 0112 2 011 0121 2	.000 111110 221	2000	01/29/04
MERCED COUNTY		ICES FOR IN HOME SU	PPORT - BLIND	AID CODE	28		//
11211025 0001111	5011111111 01 52111		22112	1122 0022	MONT	THLY AVERAG	E
55 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	11 \$	907.17	\$ 82.47	.200 \$	181.43	
COMM HOSP INPATIENT TOTAL	1	0	840.00	.00	.000	840.00	15.27
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	15.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	11	67.17	6.11	.200	16.79	1.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	11	67.17	6.11	.200	16.79	1.22
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	8 \$	5,997.62	\$ 749.70	.145 \$		\$ 109.05
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	8	5,997.62	749.70	.145	749.70	109.05
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
YO AND OTHERS	0	Λ	0.0	0.0	0.00	0.0	0.0

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XO AND OTHERS

@ORGANIZED OUTPATIENT CLINIC CLINIC	6 0	7 \$ 0	79.74 .00	\$ 11.39 .00	.127 \$.000	13.29 .00	\$	1.45
SURGICENTER	3	4	30.69	7.67	.073	10.23		.56
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	3	3	49.05	16.35	.055	16.35		.89
		ES AND EXPENDITURES					DΛ	AGE 7,424
MOP024	FEE-FOR-SERVICE		MONIII-OF-PAIMENT K	EFORT FOR UAN A	ZUUS IIIKU DEC	. 2003	FF	01/29/04
MERCED COUNTY		ICES FOR IN HOME S	IDDORT - RITND	AID CODE	28			01/29/04
HERCED COONTI	BOTH HICE OF BLICV	TODO TOR THE HOME DO	SITORI BEIND	TIID CODE	MONT	THIY AVERA	GE -	
55 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
33 111011110	OBERD	OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	28	1,314 \$	23,882.53	\$ 18.18	23.891 \$	852.95		-
		1,311	154.40	154.40	.018	154.40	٧	2.81
BLOOD BANK	0	0	.00	.00	.000	.00		.00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	1	1	902.57	902.57	.018	902.57		16.41
MEDICAL TRANSPORTATION	10	943	5,934.60	6.29	17.145	593.46		107.90
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.036	110.71		2.01
OTHER TRANS	9	941	5,823.89	6.19	17.109	647.10		105.89
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	Q Q	234	16,121.13	68.89	4.255	1791.24		293.11
	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
DUVCICAL TUEDADICT	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	2	39.60	19.80	.036	39.60		.72
PROSTHETICS	1	2	39.60	19.80	.036	39.60		.72
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1	0	187.47	46.87	.073	187.47		3.41
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	17	129	542.76	4.21	2.345	31.93		9.87
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	ŭ	543 \$	8,848.08	\$ 16.29	9.873 \$	276.50		160.87
@* TOTALS IN THESE LINES ARE		·		\$ 10.29	9.0/3 Ş	270.50	Ą	100.07
THE AMOUNTS ARE ALREADY IN								
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES		EDODE EOD TAN '	ממן דוחוו הפי	כחחם ד	D 7	AGE 7,425
MOP024	FEE-FOR-SERVICE		MONTH-OF-PAIMENT R	EPORI FOR JAN .	ZUUS IHRU DEC	. 2003	PP	01/29/04
MERCED COUNTY		ICES FOR IN HOME S		AID CODE	60			01/29/04
MERCED COUNTY	SUMMARI OF SERV	ICES FOR IN HOME SO	JPPORT - DISABLED	AID CODE	MONT	מסשוות עיוטים	CF _	
901 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER		CLIGIBLE
@TOTAL, ALL PROVIDERS	882 248 55 44 0	58,397 \$	707,539.71	\$ 12.12	64.814 \$	802.20		785.28
@PHYSICIANS SERVICES	00Z 2/10	50,397 \$ 977 \$	24,296.76	\$ 12.12	1.084 \$	97.97		26.97
OUTPATIENT VISITS	∠ 1 0 55	977 Ş 99	3,572.16	36.08	.110	64.95	ų	3.96
OFFICE VISITS	71 /1	73	2,194.51	30.06	.081	49.88		2.44
HOME VISITS	U	0	.00	.00	.000	.00		.00
HOME AISTIS	1 5	1.0	.00	.00 E4 60	.000	.00		1 00

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EMERGENCY ROOM

PREVENTIVE CARE

OTHER OUTPATIENT

INPATIENT VISITS

OB VISITS/COMPRE PERI

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HOSPITAL VISITS	11	62	2,680.44	43.23	.069	243.68	2.97
CRITICAL CARE	4	23	2,397.80	104.25	.026	599.45	2.66
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	83.59	41.80	.002	41.80	.09
EXAMINATIONS	2	2	83.59	41.80	.002	41.80	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	18	1,245.10	69.17	.020	249.02	1.38
PRINCIPAL SURGEON	4	5	951.11	190.22	.006	237.78	1.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	293.99	22.61	.014	147.00	.33
OUTPATIENT SURGERY	10	11	779.87	70.90	.012	77.99	.87
PRINCIPAL SURGEON	10	11	779.87	70.90	.012	77.99	.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	15	71.69	4.78	.017	7.97	.08

RADIOLOGY	36	92		2,630.98		28.60	.102		73.08		2.92
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	15		5,149.87		343.32	.017		858.31		5.72
OTHER SERVICES/ALL X-OVERS	179	640		5,685.26		8.88	.710		31.76		6.31
@PHARMACY	749	27,540	\$	411,893.29	\$	14.96	30.566	ė.	549.92	بع	457.15
			Ą		Ą			Ą		Ą	
PRESCRIPTION DRUGS	731	4,586		386,851.65		84.35	5.090		529.21		429.36
SNF/ICF	19	171		9,513.29		55.63	.190		500.70		10.56
OUTPATIENTS	712	4,415		377,338.36		85.47	4.900		529.97		418.80
MEDICAL SUPPLIES	202	22,954		25,041.64		1.09	25.476		123.97		27.79
@DENTIST	30	117	\$	6,318.09	\$	54.00	.130	Ġ	210.60	\$	7.01
VISITS - DIAGNOSTIC	22	71	т	1,069.00	т.	15.06	.079	т.	48.59	т.	1.19
ORAL SURGERY	5	12		345.00		28.75	.013		69.00		.38
	0	0					.000				
DRUGS	0	0		.00		.00			.00		.00
ANESTHESIA	Ü	Ü		.00		.00	.000		.00		.00
PERIODONTICS	3 2	4		655.00		163.75	.004		218.33		.73
ENDODONTICS	2	2		545.00		272.50	.002		272.50		.60
RESTORATIVE DENTISTRY	8	19		1,620.00		85.26	.021		202.50		1.80
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	8		1,958.00		244.75	.009		326.33		2.17
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	1	1							126.09		
MAXILLOFACIAL SERVICES	Τ.	1		126.09		126.09	.001				.14
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONT	TH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 7,426
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPOR	RT - DISABLED		AID CODE	68				
							M	ONT	HLY AVERA	GE -	
901 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
	0.0	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	19	45	\$	817.05	\$	18.16	.050		43.00		.91
	4	4	Ą	177.94	Ą	44.49	.004	Ą	44.49	Ą	.20
DIAGNOSTIC AND ANC. PROCED											
EYE APPLIANCES	13	36		606.54		16.85	.040		46.66		.67
OTHER OPTOMETRIC SERVICES	3	5	_	32.57		6.51	.006		10.86		.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	14	17	\$	139.43	\$	8.20	.019	\$	9.96	\$.15
MEDICINE/INJECTIONS	2	2	•	44.48	•	22.24	.002		22.24	•	.05
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	12										
OTHER		15		94.95	_	6.33	.017	_	7.91		.11
@HOME HEALTH AGENCY	2	19	Ş	1,465.06	\$	77.11		\$	732.53	\$	1.63
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	112	793	S	77,755.12	Ė	98.05	.880	\$	694.24	Ś	86.30
HOSP INPATIENT TOTAL	26	134	т	68,242.25	Υ	509.27	.149	Ψ.	2624.70	Υ	75.74
									6472.50		
HSC HOSPITALS	8	49		51,780.00		1056.73	.054				57.47
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	18	85		16,462.25		193.67	.094		914.57		18.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	90	659		9,512.87		14.44	.731		105.70		10.56
	10	23		505.78			.026		50.58		.56
MEDICAL	ΤU	43		505.78		21.99	.∪∠0		20.28		. 50

SURGERY							
SUKGEKI	7	23	203.42	8.84	.026	29.06	.23
PATHOLOGY	21	96	1,134.88	11.82	.107	54.04	1.26
RADIOLOGY	17	22	1,278.53	58.12	.024	75.21	1.42
ROOM USE	22	47	1,566.56	33.33	.052	71.21	1.74
CROSSOVERS/ALL OTH OUTPTNT	63	448	4,823.70	10.77	.497	76.57	5.35
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
	0	•		•	.000	•	•
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Λ	Λ	.00	.00	.000	.00	.00
	0	U					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	Ū	U					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ω	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	•	· ·					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 7,427
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
MERCED COUNTY		ICES FOR IN HOME SU	חשושגשות – הדפגשו	AID COD	F 68		- , - , -
MERCED COUNTI	SUMMART OF SERV	TCES FOR IN HOME SO	FFORT - DISABLED	AID CODI			~-
						NTHLY AVERA	GE
901 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	<pre>L UNITS/DAYS</pre>	COST PER	COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	112	793 \$	77,755.12	\$ 98.05	.880	\$ 694.24	\$ 86.30
COMM HOSP INPATIENT TOTAL	26	134	68,242.25	509.27	.149	2624.70	75.74
HSC HOSPITALS	20	49			.054	6472.50	
	0		51,780.00	1056.73			57.47
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ω						
		Λ	0.0	()()	000	0.0	0.0
ADMINITAND ANTICL DAVIG	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
TRANSITIONAL IP CARE	0 0 0 0	0 0 0 0	.00 .00 .00	.00	.000	.00	.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 0 0 0	0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	18	0 0 0 0 0 85	.00 .00 .00 .00 .00 16,462.25	.00 .00 .00 .00 193.67	.000 .000 .000 .000 .094	.00 .00 .00 .00 914.57	.00 .00 .00 .00 18.27
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	18 0	0 0 0 0 85 0	.00 .00 .00 .00 .00 16,462.25	.00 .00 .00 .00 193.67	.000 .000 .000 .000 .094 .000	.00 .00 .00 .00 914.57	.00 .00 .00 .00 18.27 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	18	0 0 0 0 85 0 659	.00 .00 .00 .00 .00 16,462.25	.00 .00 .00 .00 193.67	.000 .000 .000 .000 .094	.00 .00 .00 .00 914.57	.00 .00 .00 .00 18.27
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	18 0 90	0 0 0 0 85 0 659	.00 .00 .00 .00 16,462.25 .00 9,512.87	.00 .00 .00 .00 193.67 .00	.000 .000 .000 .000 .094 .000	.00 .00 .00 .00 914.57 .00	.00 .00 .00 .00 18.27 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	18 0 90 10	0 0 0 0 85 0 659 23	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78	.00 .00 .00 .00 193.67 .00 14.44 21.99	.000 .000 .000 .000 .094 .000 .731	.00 .00 .00 .00 914.57 .00 105.70 50.58	.00 .00 .00 .00 18.27 .00 10.56
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	18 0 90 10 7	0 0 0 0 85 0 659 23 23	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84	.000 .000 .000 .000 .094 .000 .731 .026	.00 .00 .00 914.57 .00 105.70 50.58 29.06	.00 .00 .00 .00 18.27 .00 10.56 .56
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	18 0 90 10	0 0 0 0 85 0 659 23	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78	.00 .00 .00 .00 193.67 .00 14.44 21.99	.000 .000 .000 .000 .094 .000 .731	.00 .00 .00 .00 914.57 .00 105.70 50.58	.00 .00 .00 .00 18.27 .00 10.56
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	18 0 90 10 7 21	0 0 0 0 85 0 659 23 23	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82	.000 .000 .000 .000 .094 .000 .731 .026 .026	.00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04	.00 .00 .00 .00 18.27 .00 10.56 .56 .23
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	18 0 90 10 7 21 17	0 0 0 0 85 0 659 23 23 96 22	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12	.000 .000 .000 .000 .094 .000 .731 .026 .026	.00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	18 0 90 10 7 21 17 22	0 0 0 0 85 0 659 23 23 96 22	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024	.00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	18 0 90 10 7 21 17	0 0 0 0 85 0 659 23 23 96 22	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052	.00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	18 0 90 10 7 21 17 22 63	0 0 0 0 85 0 659 23 23 96 22 47	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052	.00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21 71.21	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	18 0 90 10 7 21 17 22 63 0	0 0 0 0 85 0 659 23 23 96 22 47 448	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497	.00 .00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21 71.21 76.57	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	18 0 90 10 7 21 17 22 63 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 \$.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000	.00 .00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21 71.21 76.57 \$.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	18 0 90 10 7 21 17 22 63 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 \$.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000	.00 .00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21 71.21 76.57 \$.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	18 0 90 10 7 21 17 22 63 0 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 0	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000	.00 .00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21 71.21 76.57 \$.00 .00	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	18 0 90 10 7 21 17 22 63 0 0	0 0 0 0 85 0 659 23 23 23 96 22 47 448 0 \$ 0	.00 .00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000	.00 .00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21 71.21 76.57 \$.00 .00 \$ 3067.93	.00 .00 .00 .00 18.27 .00 10.56 .23 1.26 1.42 1.74 5.35 \$.00 .00 .00 \$ 98.75
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	18 0 90 10 7 21 17 22 63 0 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 0	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000	.00 .00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21 71.21 76.57 \$.00 .00	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	18 0 90 10 7 21 17 22 63 0 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 \$ 0 644 \$.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .88,969.93	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00 .00 \$ 138.15	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000	.00 .00 .00 .00 914.57 .00 105.70 50.58 29.06 54.04 75.21 71.21 76.57 \$.00 .00 \$ 3067.93	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00 .00 \$ 98.75
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	18 0 90 10 7 21 17 22 63 0 0 0 29 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 0 0	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .88,969.93 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00 \$ 138.15	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 18.27 .00 10.56 .23 1.26 1.42 1.74 5.35 \$.00 .00 \$ 98.75 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	18 0 90 10 7 21 17 22 63 0 0 0 29 0 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 \$ 0 644 \$.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .88,969.93 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00 \$ 138.15 .00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000 .715 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00 \$ 98.75 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	18 0 90 10 7 21 17 22 63 0 0 0 29 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 0 0	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .88,969.93 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00 \$ 138.15	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 18.27 .00 10.56 .23 1.26 1.42 1.74 5.35 \$.00 .00 \$ 98.75 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	18 0 90 10 7 21 17 22 63 0 0 0 29 0 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 \$ 0 644 \$ 0	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .88,969.93 .00 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00 .00 \$ 138.15 .00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000 .715 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00 .00 \$ 98.75 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	18 0 90 10 7 21 17 22 63 0 0 0 29 0 0 0	0 0 0 0 85 0 659 23 23 26 22 47 448 0 0 0 644 \$ 0	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .88,969.93 .00 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00 .00 \$ 138.15 .00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000 .715 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00 .00 .00 \$.98.75 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	18 0 90 10 7 21 17 22 63 0 0 0 29 0 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 0 0 0 644 \$.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00 .00 \$ 138.15 .00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000 .715 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00 .00 .00 \$ 98.75 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	18 0 90 10 7 21 17 22 63 0 0 0 29 0 0 0	0 0 0 0 85 0 659 23 23 26 22 47 448 0 0 0 644 \$ 0	.00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .88,969.93 .00 .00	.00 .00 .00 .00 193.67 .00 14.44 21.99 8.84 11.82 58.12 33.33 10.77 \$.00 .00 .00 \$ 138.15 .00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000 .715 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00 .00 \$ 98.75 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	18 0 90 10 7 21 17 22 63 0 0 0 29 0 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 0 0 644 0 0	.00 .00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .193.67 .00 .14.44 .21.99 .8.84 .11.82 .58.12 .33.33 .10.77 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000 .715 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00 .00 \$ 98.75 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH	18 0 90 10 7 21 17 22 63 0 0 0 29 0 0 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 0 0 644 \$ 0 0 0	.00 .00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .107 .024 .052 .497 .000 .000 .715 .000 .000 .000 .000 .715	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 18.27 .00 10.56 .23 1.26 1.42 1.74 5.35 \$.00 .00 .00 \$ 98.75 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	18 0 90 10 7 21 17 22 63 0 0 0 29 0 0	0 0 0 0 85 0 659 23 23 96 22 47 448 0 0 0 644 0 0	.00 .00 .00 .00 .00 16,462.25 .00 9,512.87 505.78 203.42 1,134.88 1,278.53 1,566.56 4,823.70 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .193.67 .00 .14.44 .21.99 .8.84 .11.82 .58.12 .33.33 .10.77 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .094 .000 .731 .026 .026 .107 .024 .052 .497 .000 .000 .715 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 18.27 .00 10.56 .56 .23 1.26 1.42 1.74 5.35 \$.00 .00 .00 \$ 98.75 .00 .00 .00 .00 .00 .00 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	29	41	\$	14,962.98	\$	364.95		\$	515.96	\$	16.61
HOSPITAL BASED	0	0	Υ	.00	٧	.00	.000	Ψ	.00	٧	.00
HEMODIALYSIS CENTER	29	41		14,962.98		364.95	.046		515.96		16.61
@REHABILITATION FACILITY	3	7	Ś	143.50	\$	20.50	.008	Ś	47.83	Ś	.16
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	Ψ.	.00	Υ.	.00
INDEPENDENT FACILITY	3	7		143.50		20.50	.008		47.83		.16
@LABORATORY FACILITY	31	94	\$	728.76	\$	7.75	.104	Ś	23.51	Ś	.81
PATHOLOGY	27	90	Υ	709.61	Υ	7.88	.100	٧	26.28	٧	.79
XO AND OTHERS	4	4		19.15		4.79	.004		4.79		.02
@ORGANIZED OUTPATIENT CLINIC	109	201	\$	15,098.77	\$	75.12		\$	138.52	Ś	16.76
CLINIC	3	4	Υ	10.30	Υ	2.58	.004	Ψ.	3.43	Υ.	.01
SURGICENTER	6	13		832.82		64.06	.014		138.80		.92
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	102	184		14,255.65		77.48	.204		139.76		15.82
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RE	TROUT)EC		Е	PAGE 7,428
MOP024	FEE-FOR-SERVICE		CDD I	TOTALITY OF THE PROPERTY OF	11 01(1	1010 07110 2	1005 11110 1	л	2005	_	01/29/04
MERCED COUNTY		ICES FOR IN HOME	e Site	PPORT - DISARLED		AID CODE	68				01/25/01
MERCED COOMIT	BOTHLING OF BLICV	Telle Fore III Herm	1 501	TORT DIGINDEED		MID CODE	MC	וידעו	HLY AVERA	GE	
901 ELIGIBLES	USERS	UNITS OF SERVICE	c	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER
701 111013110	02212	OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	268	27,902	\$	64,950.97	\$	2.33	30.968	Ġ	242.35	Ś	72.09
DURABLE MED. EQUIP.	41	104	-	32,261.86	-	310.21	.115	т.	786.87	т.	35.81
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	25	293		2,804.80		9.57	.325		112.19		3.11
AMBULANCES/AIR TRANS	11	121		1,755.27		14.51	.134		159.57		1.95
OTHER TRANS	7	113		568.51		5.03	.125		81.22		.63
OTHER SERVICES	7	59		481.02		8.15	.065		68.72		.53
ACUPUNCTURE	1	1		16.22		16.22	.001		16.22		.02
ADULT DAY HEALTH CARE CTR	1	<u></u>		69.58		69.58	.001		69.58		.08
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	33		3,000.92		90.94	.037		333.44		3.33
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	35	80		1,262.75		15.78	.089		36.08		1.40
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	5	12		570.99		47.58	.013		114.20		.63
PROSTHETICS	5	12		570.99		47.58	.013		114.20		.63
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	2	3		100.84		33.61	.003		50.42		.11
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	9	601		5,712.42		9.50	.667		634.71		6.34
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	182	26,774		19,150.59		.72	29.716		105.22		21.25
@CALIF. CHILDREN SERVICES*	24	129	\$	21,906.39	\$	169.82		\$	912.77	\$	24.31
@XOVER EXCLUDING STATE HOSP**		12,449	\$	76,144.38	\$	6.12		\$	210.93	\$	84.51
o+ momarc in munch i inc	CITTEN AC A CEDAD			ONT II.							

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,429
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	2,650	139,881 \$	1,864,404.43	\$ 13.	33 50.535	\$ 70	3.55	\$ 6	73.56
@PHYSICIANS SERVICES	748	4,266 \$	54,053.66	\$ 12.					19.53
OUTPATIENT VISITS	56	100	3,590.26	35.			4.11	۲	1.30
OFFICE VISITS	45	74	2,212.61	29.			9.17		.80
HOME VISITS	0	0	.00		.000		.00		.00
EMERGENCY ROOM	15	18	984.32	54.			5.62		.36
PREVENTIVE CARE	0	0	.00		.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.000		.00		.00
OTHER OUTPATIENT	7	8	393.33	49.			6.19		.14
INPATIENT VISITS	11	85	5,078.24	59.			1.66		1.83
	11	62							
HOSPITAL VISITS			2,680.44	43.			3.68		.97
CRITICAL CARE	4	23	2,397.80	104.			9.45		.87
SNF/ICF/TRANS IP CARE	0	0	.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	5	5 5 0	222.91	44.	.58 .002	4	4.58		.08
EXAMINATIONS	5	5	222.91	44.	.002	4	4.58		.08
SERVICES AND MATERIALS	0	0	.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	18	1,245.10	69.		2.4	9.02		.45
	3								
PRINCIPAL SURGEON	4	5	951.11	190.		23	37.78		.34
ASSISTANT SURGEON	0	0	.00		.000		.00		.00
ANESTHESIOLOGIST	2	13	293.99	22.		14	7.00		.11
OUTPATIENT SURGERY	10	11	779.87	70.	.004	7	7.99		.28
PRINCIPAL SURGEON	10	11	779.87	70.	.004	7	7.99		.28
ASSISTANT SURGEON	0	0	.00		.000		.00		.00
ANESTHESIOLOGIST	Ő	0	.00		.00		.00		.00
	0	0							
DIALYSIS	-		.00		.00		.00		.00
PATHOLOGY	10	16	74.61		.006		7.46		.03
RADIOLOGY	38	95	2,654.68	27.		6	9.86		.96
PSYCHIATRY	0	0	.00		.000		.00		.00
IMMUNIZATION AND INJECTION	6	15	5,149.87	343.	.005	85	8.31		1.86
OTHER SERVICES/ALL X-OVERS	672	3,921	35,258.12	8.	99 1.417	5	2.47		12.74
@PHARMACY	2,222	50,056 \$	954,728.62	\$ 19.			9.67		44.92
	2,178	12,727	915,590.77	71.			20.38		30.78
PRESCRIPTION DRUGS									
SNF/ICF	76	614	35,076.99	57.			1.54		12.67
OUTPATIENTS	2,111	12,113	880,513.78	72.			7.11		18.10
MEDICAL SUPPLIES	383	37,329	39,137.85		05 13.486		12.19		14.14
@DENTIST	97	360 \$	14,243.09	\$ 39.	.130		6.84	\$	5.15
VISITS - DIAGNOSTIC	62	231	2,620.00	11.	.083	4	2.26		.95
ORAL SURGERY	16	27	1,189.00	44.			4.31		.43
DRUGS	0	0	.00		.000	,	.00		.00
ANESTHESIA	0	0	.00		.000		.00		.00
	9					1.4			
PERIODONTICS		10	1,275.00	127.			1.67		.46
ENDODONTICS	5	5	1,280.00	256.			6.00		.46
RESTORATIVE DENTISTRY	20	49	3,808.00	77.		19	0.40		1.38
PROSTHETICS	1	1	30.00	30.	.000	3	30.00		.01
DENTURES, STAYPLATES	20	36	3,915.00	108.	.75 .013	19	5.75		1.41
SPACE MAINTAINERS	0	0	.00		.000		.00		.00
MAXILLOFACIAL SERVICES	i i	1	126.09	126.			26.09		.05
	0	0	.00			12	.00		
FRACTURES, DISLOCATIONS	0	0							.00
ORTHODONTIC SERVICES	•	-	.00		.00		.00		.00
ALL OTHER SERVICES	0	0	.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDT CAL CEDITT	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR	JAN 2003 THRU	DEC 200	13	PAGE	7,430
	MEDI-CAL SEKVIO							0	1/29/04
MOP024	FEE-FOR-SERVICE	E/DENTAL							
	FEE-FOR-SERVICE		ORT - TOTAL						
MOP024 MERCED COUNTY	FEE-FOR-SERVICE	E/DENTAL VICES FOR IN HOME SUPPO	ORT - TOTAL			V.THT/ION	ΔWER ΔC	F	
MERCED COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	VICES FOR IN HOME SUPP		AVEDACE	COST INITS/DA				
	FEE-FOR-SERVICE SUMMARY OF SERV	VICES FOR IN HOME SUPPO UNITS OF SERVICE	ORT - TOTAL EXPENDITURES		COST UNITS/DA	YS COST	PER	COS	T PER
MERCED COUNTY 2,768 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	VICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT	COST UNITS/DAT	YS COST G US	PER ER	COS ELI	T PER GIBLE
MERCED COUNTY 2,768 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 51	VICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 123 \$	EXPENDITURES 2,348.15	PER UNIT	COST UNITS/DAT/DAY PER ELICOS .044	YS COST G US \$ 4	PER SER 6.04	COS ELI	T PER GIBLE .85
MERCED COUNTY 2,768 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 51 7	VICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 123 \$ 7	EXPENDITURES 2,348.15 320.29	PER UNIT \$ 19. 45.	COST UNITS/DA C/DAY PER ELI 09 .044 .76 .003	YS COST G US \$ 4 4	PER SER 6.04 5.76	COS ELI	T PER GIBLE
MERCED COUNTY 2,768 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 51	VICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 123 \$	EXPENDITURES 2,348.15	PER UNIT	COST UNITS/DA C/DAY PER ELI 09 .044 .76 .003	YS COST G US \$ 4 4	PER SER 6.04	COS ELI	T PER GIBLE .85
MERCED COUNTY 2,768 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 51 7	VICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 123 \$ 7	EXPENDITURES 2,348.15 320.29	PER UNIT \$ 19. 45.	COST UNITS/DA C/DAY PER ELI- 09 .044 76 .003 21 .035	YS COST G US \$ 4 4	PER SER 6.04 5.76	COS ELI	T PER GIBLE .85 .12

@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	84	110	\$ 720.41	\$ 6.55	.040	\$ 8.58	\$.26
MEDICINE/INJECTIONS	2	2	44.48	22.24	.001	22.24	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	82	108	675.93	6.26	.039	8.24	.24
@HOME HEALTH AGENCY	2	19	\$ 1,465.06	\$ 77.11	.007	\$ 732.53	\$.53
NURSE ANESTHESIST	2	17	\$ 62.27	\$ 3.66	.006	\$ 31.14	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 2.76	\$ 2.76	.000	\$ 2.76	\$.00
@TOTAL HOSPITAL	264	1,886	\$ 127,393.56	\$ 67.55	.681	\$ 482.55	\$ 46.02
HOSP INPATIENT TOTAL	61	339	104,254.73	307.54	.122	1709.09	37.66
HSC HOSPITALS	8	49	51,780.00	1056.73	.018	6472.50	18.71

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	53	290	52,474.73	180.95	.105	990.09	18.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	212	1,547	23,138.83	14.96	.559	109.15	8.36
MEDICAL	10	23	505.78	21.99	.008	50.58	.18
SURGERY	7	23	203.42	8.84	.008	29.06	.07
PATHOLOGY	21	96	1,134.88	11.82	.035	54.04	.41
RADIOLOGY	17	22	1,278.53	58.12	.008	75.21	.46
ROOM USE	22	47	1,566.56	33.33	.017	71.21	.57
CROSSOVERS/ALL OTH OUTPTNT	185	1,336	18,449.66	13.81	.483	99.73	6.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,431
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPORT - TOTAL				
					MON	THLY AVERAG	E
2,768 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CARE		DER IINTT/DAV	DER ELIG	IISER	ELTGIBLE

					MOIN	TILLI AVEKAGE	
2,768 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	264	1,886 \$	127,393.56	\$ 67.55	.681 \$	482.55	46.02
COMM HOSP INPATIENT TOTAL	61	339	104,254.73	307.54	.122	1709.09	37.66
HSC HOSPITALS	8	49	51,780.00	1056.73	.018	6472.50	18.71
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	53	290	52,474.73	180.95	.105	990.09	18.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	212	1,547	23,138.83	14.96	.559	109.15	8.36
MEDICAL	10	23	505.78	21.99	.008	50.58	.18
SURGERY	7	23	203.42	8.84	.008	29.06	.07
PATHOLOGY	21	96	1,134.88	11.82	.035	54.04	.41
RADIOLOGY	17	22	1,278.53	58.12	.008	75.21	.46
ROOM USE	22	47	1,566.56	33.33	.017	71.21	.57
CROSSOVERS/ALL OTH OUTPTNT	185	1,336	18,449.66	13.81	.483	99.73	6.67
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

104	1,795	\$	298,124.38	\$	166.09	.648	\$	2866.58	\$	107.70
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
9 0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
104	1,795		298,124.38		166.09	.648		2866.58		107.70
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
66	85	\$	35,225.82	\$	414.42	.031	\$	533.72	\$	12.73
0	0		.00		.00	.000		.00		.00
66	85		35,225.82		414.42	.031		533.72		12.73
3	7	\$	143.50	\$	20.50	.003	\$	47.83	\$.05
0	0		.00		.00	.000		.00		.00
3	7		143.50		20.50	.003		47.83		.05
	114	\$	919.41	\$	8.07	.041	\$	21.89	\$.33
	95		722.83		7.61	.034		25.82		.26
			196.58		10.35	.007		14.04		.07
231	414	\$		\$	58.91	.150	\$		\$	8.81
4	7				28.75	.003				.07
20	33		1,508.48		45.71	.012		75.42		.54
0	0		.00		.00	.000		.00		.00
210	374		22,678.05		60.64	.135		107.99		8.19
		RES M	MONTH-OF-PAYMENT R	EPOR:	r for Jan	2003 THRU	DEC	2003	P	AGE 7,432
										01/29/04
SUMMARY OF SERVICES FO	OR IN HOM	E SUE	PPORT - TOTAL							
						M	TIOC	HLY AVERA	GE ·	
	0 0 0 0 104 0 0 0 0 0 0 66 0 66 3 0 3 42 28 14 231 4 20 0 210 MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 104 1,795 298,124.38 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 66 85 \$35,225.82 \$ 0 0 0 .00 66 85 \$35,225.82 \$ 0 0 0 .00 66 85 \$35,225.82 \$ 0 0 0 .00 66 85 \$35,225.82 \$ 0 0 0 .00 3 7 \$143.50 \$ 0 0 .00 3 7 \$143.50 \$ 42 \$114 \$919.41 \$ 28 95 722.83 14 19 \$196.58 231 414 \$919.41 \$ 28 95 722.83 14 19 \$196.58 231 414 \$24,387.80 \$ 4 7 201.27 20 33 1,508.48 0 0 0 .00 210 374 22,678.05	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .

2,768 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,002	80,628	\$ •	\$ 4.35	29.129		\$ 126.66
DURABLE MED. EQUIP.	69	165	54,381.16	329.58	.060	788.13	19.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	29	49	15,564.09	317.63	.018	536.69	5.62
MEDICAL TRANSPORTATION	118	4,728	25,483.11	5.39	1.708	215.96	9.21
AMBULANCES/AIR TRANS	20	235	2,931.72	12.48	.085	146.59	1.06
OTHER TRANS	82	4,122	20,768.32	5.04	1.489	253.27	7.50
OTHER SERVICES	18	371	1,783.07	4.81	.134	99.06	.64
ACUPUNCTURE	11	26	432.53	16.64	.009	39.32	.16
ADULT DAY HEALTH CARE CTR	77	1,330	92,026.97	69.19	.480	1195.16	33.25
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	260	1,290	104,511.06	81.02	.466	401.97	37.76
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	79	185	2,914.04	15.75	.067	36.89	1.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	30	971.25	32.38	.011	74.71	.35
PROSTHETICS	13	30	971.25	32.38	.011	74.71	.35
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	18	827.40	45.97	.007	103.43	.30
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	601	5,712.42	9.50	.217	634.71	2.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	579	72,206	47,761.91	.66	26.086	82.49	17.26
@CALIF. CHILDREN SERVICES*	24	129	\$ 21,906.39	\$ 169.82	.047	\$ 912.77	\$ 7.91

@XOVER EXCLUDING STATE HOSP** 1,220 20,602 \$ 270,498.22 \$ 13.13 7.443 \$ 221.72 \$ 97.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,433 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

MERCED COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

31,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24,047 5,972		\$	11,470,298.80	\$ 22.28	16.387			365.16
@PHYSICIANS SERVICES	5,972		\$		\$ 14.80	.644	50.14		9.53
OUTPATIENT VISITS	143	189	•	6,344.53	33.57	.006	44.37	·	.20
OFFICE VISITS	143 127	171		5,486.42	32.08	.005	43.20		.17
HOME VISITS	5	5		144.20	28.84	.000	28.84		.00
EMERGENCY ROOM	13	13		713.91	54.92	.000	54.92		.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	9	41		.00 1,764.54	43.04	.001	196.06		.06
HOSPITAL VISITS	9	41		1,764.54	43.04	.001	196.06		.06
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	77	79		3,646.63	46.16	.003	47.36		.12
EXAMINATIONS	77	79		3,646.63	46.16	.003	47.36		.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	6	14		1,008.74	72.05	.000	168.12		.03
PRINCIPAL SURGEON	3	3		625.10	208.37	.000	208.37		.02
ASSISTANT SURGEON	1	1		93.08	93.08	.000	93.08		.00
ANESTHESIOLOGIST	2	10		290.56	29.06	.000	145.28		.01
OUTPATIENT SURGERY	16	25		5,022.86	200.91	.001	313.93		.16
PRINCIPAL SURGEON	16	22		4,942.86	224.68	.001	308.93		.16
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	3		80.00	26.67	.000	80.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	49	126		576.67	4.58	.004	11.77		.02
RADIOLOGY	52 0	93		4,200.23	45.16	.003	80.77		.13
PSYCHIATRY	0 14	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	14	17		5,231.64	307.74 13.82	.001	373.69		.17
OTHER SERVICES/ALL X-OVERS	5,767	19,651		271,615.22	13.82	.626	47.10		8.65
@PHARMACY	5,767 20,869 20,616		\$	5,953,217.95		6.474		\$	189.52
PRESCRIPTION DRUGS	20,616	88,948		5,773,144.73	64.90	2.832	280.03		183.79
SNF/ICF	658	4,384		229,971.64	52.46	.140	349.50		7.32
OUTPATIENTS	20,000	84,564		5,543,173.09	65.55 1.57	2.692	277.16		176.47
MEDICAL SUPPLIES	20,616 658 20,000 2,051 1,216 745 187 0	114,407	4	180,073.22	1.57	3.642	87.80		5.73
@DENTIST	1,216	•	\$	247,037.89		.172	203.16	Ş	7.86
VISITS - DIAGNOSTIC	/45	3,104		33,174.52	10.69	.099	44.53		1.06
ORAL SURGERY	187	482 0		25,254.00	52.39	.015 .000	135.05		.80
DRUGS	0			.00	.00	.000	.00		.00
ANESTHESIA PERIODONTICS	131	4 133		400.00 13,894.00	100.00 104.47	.004	100.00 106.06		.01
PERIODONIICS	65	83		•	215.99	.004	275.80		
ENDODONTICS RESTORATIVE DENTISTRY	332	841		17,927.00 75,829.75	90.17	.027	275.80		.57 2.41
PROSTHETICS	9	12		280.00	23.33	.000	31.11		.01
	281	722		79,953.62	110.74	.023	284.53		2.55
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1		300.00	300.00	.000	300.00		.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	32	7		25.00	3.57	.000	.78		.00
THE OTHER DURVECTO	32	,		25.00	3.37	.000	. 70		.00

MOP024

MERCED COINTY

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| S FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED MERCED COUNTY ----- MONTHLY AVERAGE -----OTHER SERVICES 14

@PODIATRIST 588

MEDICINE/INJECTIONS 0
SURGERY/ANES. 0
RADIO./PATHOLOGY 0
OTHER 588

@HOME HEALTH AGENCY 5
NURSE ANESTHESIST 13
NURSE MIDWIFE 0
PEDIATRIC NURSE PRACTITIONED

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,435

					MO	NTHLY AVERA	GE -	
31,412 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,868	12,008	\$ 1,364,048.45	\$ 113.59	.382	\$ 730.22	\$	43.42
COMM HOSP INPATIENT TOTAL	403	2,459	1,197,608.07	487.03	.078	2971.73		38.13
HSC HOSPITALS	131	902	847,597.17	939.69	.029	6470.21		26.98
NON-HSC HOSPITALS TOTAL	27	154	138,717.67	900.76	.005	5137.69		4.42
ACCOMMODATIONS	27	154	51,030.70	331.37	.005	1890.03		1.62
ADMINISTRATIVE DAYS	16	101	20,047.01	198.49	.003	1252.94		.64
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	11	53	30,983.69	584.60	.002	2816.70		.99
ANCILLARIES	27	0	87,686.97	.00	.000	3247.67		2.79
INPATIENT CROSSOVERS	254	1,403	211,293.23	150.60	.045	831.86		6.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	1,515	9,549		166,440.38		17.43	.304		109.86		5.30
MEDICAL	12	12		554.74		46.23	.000		46.23		.02
SURGERY	9	9		1,250.70		138.97	.000		138.97		.04
PATHOLOGY	19	57		587.92		10.31	.002		30.94		.02
RADIOLOGY	17	38		3,637.42		95.72	.001		213.97		.12
ROOM USE	17	24		1,599.75		66.66	.001		94.10		.05
CROSSOVERS/ALL OTH OUTPTNT	1,482	9,409		158,809.85		16.88	.300		107.16		5.06
@STATE HOSPITAL	. 0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	·	.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	706	15,448	\$	2,120,641.77	\$	137.28	.492	\$	3003.74	\$	67.51
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	-	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	706	15,448		2,120,641.77		137.28	.492		3003.74		67.51
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	205	244	\$	98,847.71	\$	405.11	.008	\$	482.18	\$	3.15
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	205	244		98,847.71		405.11	.008		482.18		3.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	250	768	\$	7,506.72	\$	9.77	.024	\$	30.03	\$.24
PATHOLOGY	110	571		5,409.81		9.47	.018		49.18		.17
XO AND OTHERS	140	197		2,096.91		10.64	.006		14.98		.07
@ORGANIZED OUTPATIENT CLINIC	3,716	6,495	\$	225,709.64	\$	34.75	.207	\$	60.74	\$	7.19
CLINIC	39	113		1,933.09		17.11	.004		49.57		.06
SURGICENTER	358	451		18,868.95		41.84	.014		52.71		.60
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,389	5,931		204,907.60		34.55	.189		60.46		6.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 7,436
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES I	FOR PUBLIC	C ASS	ISTANCE - AGED							
							M	IONT	HLY AVERA	GE	

USERS 31,412 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @ALL OTHER PROVIDERS 4,735 248,488 1,107,948.19 \$ 4.46 7.911 \$ 233.99 \$ 35.27 217.40 DURABLE MED. EQUIP. 131 270 58,698.64 .009 448.08 1.87 BLOOD BANK 0 0 .00 .00 .000 .00 .00 115,092.61 290 410 280.71 396.87 HEARING AID DISPENSERS .013 3.66 465 26,479 102,469.67 3.87 .843 220.36 3.26 MEDICAL TRANSPORTATION 68 685 9,632.27 14.06 .022 141.65 .31 AMBULANCES/AIR TRANS OTHER TRANS 334 24,767 89,164.85 3.60 .788 266.96 2.84 OTHER SERVICES 84 1,027 3.58 43.72 .12 3,672.55 .033 37 99 1,703.07 17.20 .003 .05 ACUPUNCTURE 46.03 3,600 ADULT DAY HEALTH CARE CTR 249 249,734.82 69.37 .115 1002.95 7.95 GENETIC DISEASE TESTING 0 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 955 4,864 350,622.11 72.09 .155 367.14 11.16 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 834 1,928 28,983.65 15.03 34.75 OPTICIAN .061 .92 .00 0 0 .00 .00 .000 .00 PHYSICAL THERAPIST PORTABLE X-RAY 6 23 19.87 .86 .001 3.31 .00 PROSTHETIST/ORTHOTISTS 95 206 5,438.16 26.40 57.24 .17 .007 95 PROSTHETICS 206 5,438.16 26.40 .007 57.24 .17 ORTHOTICS 0 0 .00 .00 .000 .00 .00

PSYCHOLOGIST	1	1	54.99	54.99	.000	54.99	.00
SPEECH AND AUDIOLOGY	105	214	19,087.40	89.19	.007	181.78	.61
HOSPICE SERVICES	7	154	18,370.48	119.29	.005	2624.35	.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.57	9.57	.000	9.57	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,389	210,239	157,663.15	.75	6.693	66.00	5.02
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9,028	58,004	\$ 1,168,236.84	\$ 20.14	1.847	\$ 129.40	\$ 37.19

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 7,437

01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MERCED COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - BLIND				
						MON		
2,702 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			 ST PER
		OR DAYS OF CARI			PER UNIT/DAY		USER	IGIBLE
@TOTAL, ALL PROVIDERS	2,148	199,607	\$	1,952,947.48	\$ 9.78	73.874 \$		722.78
@PHYSICIANS SERVICES	844	3,818	\$	100,571.35	\$ 26.34	1.413 \$		\$ 37.22
OUTPATIENT VISITS	321	471		18,289.05	38.83	.174	56.98	6.77
OFFICE VISITS	269	384		13,050.08	33.98	.142	48.51	4.83
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	59	74		4,764.82	64.39	.027	80.76	1.76
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	13		474.15	36.47	.005	36.47	.18
INPATIENT VISITS	70	397		18,861.56	47.51	.147	269.45	6.98
HOSPITAL VISITS	58	363		15,919.66	43.86	.134	274.48	5.89
CRITICAL CARE	7	23		2,671.40	116.15	.009	381.63	.99
SNF/ICF/TRANS IP CARE	11	11		270.50	24.59	.004	24.59	.10
OPHTHALMOLOGICAL SERVICES	29	37		1,490.56	40.29	.014	51.40	.55
EXAMINATIONS	29	37		1,490.56	40.29	.014	51.40	.55
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	54		7,709.42	142.77	.020	350.43	2.85
PRINCIPAL SURGEON	18	22		6,697.54	304.43	.008	372.09	2.48
ASSISTANT SURGEON	2	2		261.36	130.68	.001	130.68	.10
ANESTHESIOLOGIST	5	30		750.52	25.02	.011	150.10	.28
OUTPATIENT SURGERY	37	108		12,989.61	120.27	.040	351.07	4.81
PRINCIPAL SURGEON	27	40		11,034.74	275.87	.015	408.69	4.08
ASSISTANT SURGEON	1	1		118.02	118.02	.000	118.02	.04
ANESTHESIOLOGIST	13	67		1,836.85	27.42	.025	141.30	.68
DIALYSIS	38	112		12,667.28	113.10	.041	333.35	4.69
PATHOLOGY	65	136		801.03	5.89	.050	12.32	.30
RADIOLOGY	144	244		6,716.87	27.53	.090	46.64	2.49
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	49		2,380.28	48.58	.018	99.18	.88
OTHER SERVICES/ALL X-OVERS	466	2,210		18,665.69	8.45	.818	40.06	6.91
@PHARMACY	1,781	45,944	\$	665,077.29	\$ 14.48	17.004 \$	373.43	246.14
PRESCRIPTION DRUGS	1,734	7,854		612,102.18	77.94	2.907	353.00	226.54
SNF/ICF	51	234		20,950.41	89.53	.087	410.79	7.75
OUTPATIENTS	1,689	7,620		591,151.77	77.58	2.820	350.00	218.78
MEDICAL SUPPLIES	377	38,090		52,975.11	1.39	14.097	140.52	19.61
@DENTIST	150	765	\$	31,209.40	\$ 40.80	.283 \$	208.06	\$ 11.55
VISITS - DIAGNOSTIC	91	486		5,189.00	10.68	.180	57.02	1.92
ORAL SURGERY	28	78		3,389.00	43.45	.029	121.04	1.25
DRUGS	3	5		95.00	19.00	.002	31.67	.04
ANESTHESIA	2	2		100.00	50.00	.001	50.00	.04

PERIODONTICS	23	29	3,750.00	129.31	.011	163.04	1.39
ENDODONTICS	12	20	4,153.00	207.65	.007	346.08	1.54
RESTORATIVE DENTISTRY	37	101	7,755.00	76.78	.037	209.59	2.87
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	19	37	6,088.00	164.54	.014	320.42	2.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	5	6	660.40	110.07	.002	132.08	.24
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 7,438
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES E	FOR PUBLIC ASSI	STANCE - BLIND				
					MONT	HLY AVERAC	GE

MERCED COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSI	STANCE - BLIND		MONT	רטוע אוופסאכי	F
2.702 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
2,702 111011110	OBLIG	OR DAYS OF CARE	DAI DIVDITORES	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETR I ST	31	76 \$	1,705.28	\$ 22.44	.028 \$		
DIACNOCTIC AND ANC DROCED	10	10	466.01	46.60	.004	46.60	.17
EVE ADDITANCES	20	56	1,021.68	18.24	.021	51.08	.38
EIE APPLIANCES	20	10	217.59	21.76	.004	31.08	.08
OTHER OPTOMETRIC SERVICES	1.6	10					
@CHIROPRACTOR	16	22 \$	355.30		.008 \$		
VISITS	16	22	355.30	16.15	.008	22.21	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	34	51 \$	407.16		.019 \$		
MEDICINE/INJECTIONS	3	3	66.80	22.27	.001	22.27	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	31	48	340.36	7.09	.018	10.98	.13
@HOME HEALTH AGENCY	4	25 \$	1,871.50	\$ 74.86	.009 \$	467.88	\$.69
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @COUNTY HOSPITAL TOTAL @COUNTY HOSPITAL TOTAL	2	48 \$	133.39		.018 \$	66.70	
NUDGE MIDWIFF	0	n ¢	.00		.000 \$.00	
DEDIATRIC MIRCE DRACTITIONER	0	0 4	.00		.000 \$.00	
FINITY MIDCE DESCRIPTIONER	0	0 ¢	.00		.000 \$.00	
EMOTAL HORDETAL	210	ပ မှ ၁ 172 င	.00 270 401 E0	\$ 174.64	.000 ş	1189.63	\$ 140.45
WIOTAL HOSPITAL	319	2,1/3 Ş	3/9,491.59				
HOSP INPATIENT TOTAL	65	3 / 8	343,934.93	909.88	.140	5291.31	127.29
HSC HOSPITALS	43	2//	299,185.18	1080.09	.103	6957.79	110.73
NON-HSC HOSPITAL TOTAL	4	16	30,120.49	1882.53	.006	7530.12	11.15
ACCOMMODATIONS	4	16	7,976.69	498.54	.006	1994.17	2.95
ADMINISTRATIVE DAYS	1	2	462.60	231.30		462.60	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	7,514.09	536.72	.005	2504.70	2.78
ANCILLARIES	4	0	22,143.80	.00	.000	5535.95	8.20
INPATIENT CROSSOVERS	19	85	14,629.26	172.11	.031	769.96	5.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	277	1.795	35,556.66	19.81	.664	128.36	13.16
MEDICAL.	<u> </u>	100	3,537.54	35.38	.037	59.96	1.31
SURGERY	18	22	1,171.83	53.27	.008	65.10	.43
DATHOLOGY	92	517	5,661.18	10.95	.191	61.53	2.10
PADIOLOGY	66	96	4,987.39	57.99	.032	75.57	1.85
RADIOLOGI DOOM HOE	00	122	F (12 22	42.20	.049	59.71	2.08
ROUM USE	1.60	133	5,612.33				
CRUSSOVERS/ALL OTH OUTPTNT	169	93/	14,586.39	15.57	.347	86.31	5.40
@COUNTY HOSPITAL TOTAL	1	3 \$	4,056.00	\$ 1352.00		4056.00	
CO HOSPITAL INPATIENT TOTAL	1	100 22 517 86 133 937 3 3 3 0 0	4,056.00	1352.00	.001	4056.00	1.50
HSC HOSPITALS	1	3	4,056.00	1352.00	.001	4056.00	1.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	3 0 0 0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ó	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
THACTHIMITED	U	O	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MONT	H-OF-PAYMENT REPORT	'FOR JAN 2	2003 THRU DEC	2003	PAGE 7,439
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSISTA	NCE - BLIND				
					MONTHI	TT 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	177

MERCED COUNTY	SOUTH OF SER	VICES FOR PUBLIC	110010	עווועט טטזועט		MON			
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC	USERS	UNITS OF SERVICE OR DAYS OF CARE	: :	EXPENDITURES	DED INTER/DAY	י ספס פודם	COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	318	2.170	S	375.435.59	\$ 173.01	.803 \$	1180.62	Ś	138.95
COMM HOSP INPATIENT TOTAL	64	375	т	339.878.93	906.34	.139	5310.61		125.79
HSC HOSPITALS	42	274		295.129.18	1077.11	.101			
NON-HSC HOSPITALS TOTAL	4	16		30 120 49	1882 53	.006	7026.89 7530.12 1994.17 462.60		11 15
ACCOMMODATIONS	4	16		7 976 69	498 54	.006	1994 17		2 95
ADMINISTRATIVE DAYS	1	2		462 60	231 30	.001	462.60		.17
TRANSITIONAL TO CARE	0	ñ		102.00	00	.000	.00		.00
ALL OTHER ACCOM	3	1 4		7 514 09	536 72	.005	2504.70		2.78
ANCTI.I.ARTES	4	0		22 143 80	00.72	.000	5535.95		8.20
TMDATTENT CDOCCOVEDC	10	Ω5		14 629 26	172 11	.031	769.96		5.41
ALL OLDED INDVALENA	19	0		14,029.20	1/2.11	.000	0.0		.00
COMM HOGD ULLDVALLENA ACAVI	0 777	1 705		35 556 66	. υυ 1 α Ω 1	.000	128 36		13.16
MEDICAL	Z//	100		33,330.00 3 527 54	3E 30 T3.0T	027	±20.30		1.31
CIIDCEDA	19	2.2 TOO		3,33/.34 1 171 92	53.30 52 27	.037	55.50 65.10		.43
DALROI OGA TARROI OGA	10	22 517		1,1/1.03 5 661 10	10 05	101	61 52		2.10
PADIOLOGY FAITOHOGI	94	0 <i>E</i>		0,001.10 4 007 20	10.33		7E E7		1.85
KADIULUGI	00	86 122		375,435.59 339,878.93 295,129.18 30,120.49 7,976.69 462.60 .00 7,514.09 22,143.80 14,629.26 .00 35,556.66 3,537.54 1,171.83 5,661.18 4,987.39 5,612.33 14,586.39 .00	57.99	.032	.00 128.36 59.96 65.10 61.53 75.57 59.71 86.31		2.08
CDOCCOVEDC/ALL OWN OVERDENE	160	133		5,014.33 14 E96 30	42.20	.049	59./I		2.08 5.40
CROSSOVERS/ALL OTH OUTPINT	169	937	d	14,586.39	15.5/	.347	86.31	4	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00		
MENTALLY ILL	0	0		.00	.00	.000			.00
DEVELOP. DISABLED	0	0		.00 47,926.23 .00	.00		.00		
@NURSING FACILITY	28	250	Ş	47,926.23	\$ 191.70		1711.65	Ş	17.74
LEV A-INTERMEDIATE	0	0		.00 .00 .00 .00	.00	.000	.00		
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000			
LEV B-REGULAR	28	250		47,926.23	191.70	.093			17.74
@INTERMEDIATE CARE FACILDD	36	1,289	\$	235,616.31	\$ 182.79		6544.90		
ICF DDH	0	0		.00	.00		.00		
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	36	1,289		235,616.31	182.79	.477	6544.90		87.20
@HEMODIALYSIS TOTAL	173	2,982	\$	176,518.46	\$ 59.19	1.104 \$	1020.34	\$	65.33
HOSPITAL BASED	0	0		.00	.00		.00		
HEMODIALYSIS CENTER	173	2,982		176,518.46	59.19	1.104	1020.34		
@REHABILITATION FACILITY	4	21	\$	404.32			101.08	\$.15
HOSPITAL BASED	2	15		264.21	17.61	.006	132.11		.10
INDEPENDENT FACILITY	2	6		140.11	23.35	.002	70.06		.05
DLABORATORY FACILITY	206	952	\$	9,298.88 9,226.27	\$ 9.77	.352 \$	45.14	\$	3.44
PATHOLOGY	196	937		9,226.27	9.85	.347			3.41
XO AND OTHERS	10	15		72.61	4.84	.006	7.26		.03
@ORGANIZED OUTPATIENT CLINIC	387	741	\$	55,348.38	\$ 74.69	.274 \$	143.02		20.48
CLINIC	15	77		2,282.48	29.64 46.39	.028	152.17		.84
SURGICENTER	39	93		4,313.85	46.39	.034			1.60
UPDOIN DETOY OF THIC	0	0		.00	.00	.000	.00		.00

RURAL HEALTH CLINIC	347	571		48,752.05	85.38	.211	140.50	18.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MC	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 7,440
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC AS	SSIS	STANCE - BLIND				
						MON	THLY AVERA	GE
2,702 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	589	140,450	5	247,012.64	\$ 1.76	51.980 \$	419.38	\$ 91.42
DURABLE MED. EQUIP.	23	40		10,854.41	271.36	.015	471.93	4.02
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	21		5,621.54	267.69	.008	330.68	2.08
MEDICAL TRANSPORTATION	225	29,548		113,281.68	3.83	10.936	503.47	41.93
AMBULANCES/AIR TRANS	59	956		11,070.76	11.58	.354	187.64	4.10
OTHER TRANS	161	28,525		101,863.66	3.57	10.557	632.69	37.70
OTHER SERVICES	11	67		347.26	5.18	.025	31.57	.13
ACUPUNCTURE	5	8		151.38	18.92	.003	30.28	.06

ADULT DAY HEALTH CARE CTR	33	508	35,153.77		69.20	.188	1065.27	13.01
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	66	495	30,871.74		62.37	.183	467.75	11.43
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	67	160	5,217.76		32.61	.059	77.88	1.93
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	45	5,623.27	1	24.96	.017	432.56	2.08
PROSTHETICS	13	45	5,623.27	1	24.96	.017	432.56	2.08
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	1	5	294.39		58.88	.002	294.39	.11
SPEECH AND AUDIOLOGY	9	27	2,825.47	1	04.65	.010	313.94	1.05
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	1,401	11,615.68		8.29	.519	305.68	4.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	242	108,192	25,501.55		.24	40.041	105.38	9.44
@CALIF. CHILDREN SERVICES*	63	1,747	\$ 28,359.97	\$	16.23	.647	\$ 450.16	\$ 10.50
@XOVER EXCLUDING STATE HOSP**	578	16,576	\$ 148,046.48	\$	8.93	6.135	\$ 256.14	\$ 54.79

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 7,441

01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

MERCED COUNTI	DOMMARCE OF DER	VICES FOR FUBLIC	ADDIL	TANCE DISABLED				~-
						MON		
92,932 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	73,209	2,588,996	\$	48,125,218.72	\$ 18.59	27.859 \$		
@PHYSICIANS SERVICES	25,344	93,712	\$		\$ 32.80	1.008 \$		
OUTPATIENT VISITS	13,503	19,440		711,950.78	36.62	.209	52.73	7.66
OFFICE VISITS	10,490	14,509		467,244.72	32.20	.156	44.54	5.03
HOME VISITS	31	51		2,038.09	39.96	.001	65.74	.02
EMERGENCY ROOM	2,825	3,429		187,452.42	54.67	.037	66.35	2.02
PREVENTIVE CARE	1	1		43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	123	201		12,794.91	63.66	.002	104.02	.14
OTHER OUTPATIENT	1,040	1,249		42,376.79	33.93	.013	40.75	.46
INPATIENT VISITS	1,539	8,916		441,145.46	49.48	.096	286.64	4.75
HOSPITAL VISITS	1,253	7,806		324,080.86	41.52	.084	258.64	3.49
CRITICAL CARE	136	788		108,492.25	137.68	.008	797.74	1.17
SNF/ICF/TRANS IP CARE	262	322		8,572.35	26.62	.003	32.72	.09
OPHTHALMOLOGICAL SERVICES	513	632		26,874.22	42.52	.007	52.39	.29
EXAMINATIONS	510	629		26,817.99	42.64	.007	52.58	.29
SERVICES AND MATERIALS	3	3		56.23	18.74	.000	18.74	.00
INPATIENT HOSPITAL SURGERY	671	3,148		320,931.04	101.95	.034	478.29	3.45
PRINCIPAL SURGEON	488	840		256,250.61	305.06	.009	525.10	2.76
ASSISTANT SURGEON	63	63		11,458.19	181.88	.001	181.88	.12
ANESTHESIOLOGIST	225	2,245		53,222.24	23.71	.024	236.54	.57
OUTPATIENT SURGERY	1,524	4,014		333,635.63	83.12	.043	218.92	3.59
PRINCIPAL SURGEON	1,281	2,036		281,207.40	138.12	.022	219.52	3.03
ASSISTANT SURGEON	30	31		3,448.98	111.26	.000	114.97	.04
ANESTHESIOLOGIST	333	1,947		48,979.25	25.16	.021	147.08	.53
DIALYSIS	191	656		58,699.22	89.48	.007	307.33	.63
PATHOLOGY	2,663	5,883		39,683.08	6.75	.063	14.90	.43
RADIOLOGY	5,715	10,564		392,784.46	37.18	.114	68.73	4.23
PSYCHIATRY	1	1		64.88	64.88	.000	64.88	.00
IMMUNIZATION AND INJECTION	856	10,162		237,926.41	23.41	.109	277.95	2.56
OTHER SERVICES/ALL X-OVERS	9,956	30,296		509,605.14	16.82	.326	51.19	5.48

@PHARMACY	59,859	770,357	\$	22,882,035.47	\$	29.70	8.289	\$ 382.2	7 \$	246.22	
PRESCRIPTION DRUGS	59,060	273,365		21,482,796.34		78.59	2.942	363.7	5	231.17	
SNF/ICF	1,182	8,713		760,390.88		87.27	.094	643.3	1	8.18	
OUTPATIENTS	58,006	264,652		20,722,405.46		78.30	2.848	357.2	5	222.98	
MEDICAL SUPPLIES	6,730	496,992		1,399,239.13		2.82	5.348	207.9	1	15.06	
@DENTIST	5,395	27,356	\$	1,082,042.66	\$	39.55	.294	\$ 200.5	6 \$	11.64	
VISITS - DIAGNOSTIC	3,667	17,204		198,703.98		11.55	.185	54.1	9	2.14	
ORAL SURGERY	832	2,078		115,088.25		55.38	.022	138.3	3	1.24	
DRUGS	41	127		1,720.00		13.54	.001	41.9	5	.02	
ANESTHESIA	69	74		7,300.00		98.65	.001	105.8	0	.08	
PERIODONTICS	553	615		72,486.00		117.86	.007	131.0	8	.78	
ENDODONTICS	400	628		126,591.50		201.58	.007	316.4	8	1.36	
RESTORATIVE DENTISTRY	1,735	4,751		369,970.40		77.87	.051	213.2	4	3.98	
PROSTHETICS	40	44		1,080.00		24.55	.000	27.0		.01	
DENTURES, STAYPLATES	519	1,503		168,737.71		112.27	.016	325.1		1.82	
SPACE MAINTAINERS	9	11		1,035.00		94.09	.000	115.0		.01	
MAXILLOFACIAL SERVICES	71	74		8,622.32		116.52	.001	121.4	4	.09	
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000	800.0		.01	
ORTHODONTIC SERVICES	102	151		9,627.50		63.76	.002	94.3	9	.10	
ALL OTHER SERVICES	126	95		280.00		2.95	.001	2.2	2	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	MONTH-OF-PAYMENT RI	EPOR'	r for Jan	2003 THRU	DEC 2003	I	PAGE 7,442	
MOP024	FEE-FOR-SERVICE/DE									01/29/04	
MERCED COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASSI	ISTANCE - DISABLED							
							M	ONTHLY AVE	RAGE		

MERCED COUNTI	SOMMAKI OF SEK	VICES FOR FUBLIC	ADDIL	DIANCE DISABLED		MON	א מקווא עועיי	CF	
92,932 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST		COST PER		COST PER
92,932 ELIGIBLES	USERS	OR DAYS OF CAR		EXPENDITURES	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	1,676	4,957	\$	107,310.50	\$ 21.65	.053 \$			
DIAGNOSTIC AND ANC. PROCED	671	675	Ą	30,533.85	45.24	.007	45.50	Ą	.33
EYE APPLIANCES	1,330			62,273.00	16.47	.041	46.82		.67
OTHER OPTOMETRIC CERTITOES	363	502		14,503.65	28.89	.005			.16
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	382	613	Ś	9,985.74	\$ 16.29	.005		4	
WCHIROPRACIOR	368	586	Ą		16.53	•	26.33	Ą	
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	368 14	27		9,689.24 296.50	10.53	.006 .000	20.33		.10
OTHER SERVICES	653		Ś					4	.00
@PODIATRIST MEDICINE/INJECTIONS	053 111	953 121	Ş	10,969.97 2,917.34	\$ 11.51 24.11	.010 \$	16.80 26.28	Þ	.12
	5	121		2,917.34	14.11	.000	20.28		.03
SURGERY/ANES.	2	/		69.20	17.30	.000	34.60		
RADIO./PATHOLOGY OTHER		4 821			9.60	.000	34.60 14.56		.00
@HOME HEALTH AGENCY	401		4	7,879.41				4	.08
@HOME HEALTH AGENCY	401	12,530	Ş	463,500.00		.135 \$			4.99
NURSE ANESTHESIST	22 2	173	Ş		\$ 8.87	.002 \$		\$.02
NORDE HIEWITE		4 0	Ş		\$ 31.07	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER			Ş	.00		.000 \$.00
FAMILY NURSE PRACTITIONER		102	Ş	2,452.81	\$ 24.05	.001 \$.03
@TOTAL HOSPITAL		71,157	Ş	9,743,537.47	\$ 136.93	.766 \$		Ş	
HOSP INPATIENT TOTAL	1,292			8,096,376.44	963.51	.090	6266.55		87.12
HSC HOSPITALS	921	6,238		7,403,906.39		.067	8038.99		79.67
NON-HSC HOSPITAL TOTAL	102	404		454,658.37	1125.39	.004	4457.44		4.89
ACCOMMODATIONS	102	404		145,960.16	361.29	.004	1430.98		1.57
ADMINISTRATIVE DAYS	45	231 0		53,823.34		.002	1196.07		.58
TRANSITIONAL IP CARE	0	0		.00		.000	.00		.00
ALL OTHER ACCOM				92,136.82		.002	1535.61		.99
ANCILLARIES		0		308,698.21	.00	.000	3026.45		3.32
INPATIENT CROSSOVERS		1,761		237,811.68	135.04	.019	808.88		2.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	10,366	62,754		.00 1,647,161.03	26.25	.675			17.72
MEDICAL	2,985	5,055		193,097.50	38.20	.054	64.69		2.08
SURGERY	898	1,126		46,370.51		.012	51.64		.50
PATHOLOGY	3,731					.204	56.16		2.25
RADIOLOGY	2,697			333,817.28					3.59
ROOM USE	4,411	6,648		275,345.72	41.42	.072	62.42		2.96

CROSSOVERS/ALL OTH OUTPINT	5,267	26,626	589,000.44	22.12	.287	111.83	6.34
@COUNTY HOSPITAL TOTAL	173	1,151 \$	83,945.74 \$	72.93	.012 \$	485.24	\$.90
CO HOSPITAL INPATIENT TOTAL	16	44	50,732.00	1153.00	.000	3170.75	.55
HSC HOSPITALS	16	44	50,732.00	1153.00	.000	3170.75	.55
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	163	1,107	33,213.74	30.00	.012	203.77	.36
MEDICAL	62	139	4,828.62	34.74	.001	77.88	.05
SURGERY	8	13	1,354.41	104.19	.000	169.30	.01
PATHOLOGY	66	382	4,360.59	11.42	.004	66.07	.05
RADIOLOGY	41	87	8,624.14	99.13	.001	210.34	.09
ROOM USE	97	158	5,798.92	36.70	.002	59.78	.06
CROSSOVERS/ALL OTH OUTPINT	73	328	8,247.06	25.14	.004	112.97	.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2003 THRU DEC	2003	PAGE 7,443
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC AS	SISTANCE - DISABLED				
					MON7	THLY AVERAG	GE

92,932 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST		S COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,087	70,006	\$ 9,659,591.73	\$	137.98	.753	\$ 871.25	\$ 103.94
COMM HOSP INPATIENT TOTAL	1,278	8,359	8,045,644.44		962.51	.090	6295.50	86.58
HSC HOSPITALS	907	6,194	7,353,174.39		1187.14	.067	8107.14	79.12
NON-HSC HOSPITALS TOTAL	102	404	454,658.37		1125.39	.004	4457.44	4.89
ACCOMMODATIONS	102	404	145,960.16		361.29	.004	1430.98	1.57
ADMINISTRATIVE DAYS	45	231	53,823.34		233.00	.002	1196.07	.58
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	60	173	92,136.82		532.58	.002	1535.61	.99
ANCILLARIES	102	0	308,698.21		.00	.000	3026.45	3.32
INPATIENT CROSSOVERS	294	1,761	237,811.68		135.04	.019	808.88	2.56
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,246	61,647	1,613,947.29		26.18	.663	157.52	17.37
MEDICAL	2,929	4,916	188,268.88		38.30	.053	64.28	2.03
SURGERY	890	1,113	45,016.10		40.45	.012	50.58	.48
PATHOLOGY	3,674	18,619	205,168.99		11.02	.200	55.84	2.21
RADIOLOGY	2,659	4,211	325,193.14		77.22	.045	122.30	3.50
ROOM USE	4,337	6,490	269,546.80		41.53	.070	62.15	2.90
CROSSOVERS/ALL OTH OUTPINT	5,207	26,298	580,753.38		22.08	.283	111.53	6.25
@STATE HOSPITAL	9	275	\$ 149,557.60	\$	543.85	.003	\$ 16617.51	\$ 1.61
MENTALLY ILL	2	90	38,995.62		433.28	.001	19497.81	.42
DEVELOP. DISABLED	7	185	110,561.98		597.63	.002	15794.57	1.19
@NURSING FACILITY	630	14,268	\$ 1,933,644.19	\$	135.52	.154	\$ 3069.28	\$ 20.81
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00	.00
LEV B-REHAB MD	25	836	101,959.42		121.96	.009	4078.38	1.10
LEV B-SUBACUTE FREESTANDING	1	2	606.80		303.40	.000	606.80	.01
LEV B-SUBACUTE HSPTL BASED	4	108	53,691.35		497.14	.001	13422.84	.58
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
LEV B-REGULAR	603	13,322	_ , , 5 5 5 . 5 _		133.42	.143	2947.57	19.13
@INTERMEDIATE CARE FACILDD	288	9,306	\$ 1,653,425.23	\$	177.67	.100	\$ 5741.06	\$
ICF DDH	99	3,165	472,597.85		149.32	.034	4773.72	5.09
ICF DD	0	0	.00		.00	.000	.00	.00
ICF DDN/DDCN	189	6,141	1,180,827.38		192.29	.066	6247.76	12.71
@HEMODIALYSIS TOTAL	846	11,310	\$ 778,816.50			.122		8.38
HOSPITAL BASED	10	13	,		2549.94	.000	3314.92	.36
HEMODIALYSIS CENTER	836	11,297	745,667.31		66.01	.122	891.95	8.02

@REHABILITATION FACILITY	288	1,775	\$	44,679.22	\$	25.17	.019	\$	155.14	\$.48
HOSPITAL BASED	128	445		16,893.40		37.96	.005		131.98		.18
INDEPENDENT FACILITY	163	1,330		27,785.82		20.89	.014		170.47		.30
@LABORATORY FACILITY	7,493	32,283	\$	349,768.85	\$	10.83	.347	\$	46.68	\$	3.76
PATHOLOGY	7,284	31,648		340,990.48		10.77	.341		46.81		3.67
XO AND OTHERS	210	635		8,778.37		13.82	.007		41.80		.09
@ORGANIZED OUTPATIENT CLINIC	17,723	30,963	\$	2,879,336.45	\$	92.99	.333	\$	162.46	\$	30.98
CLINIC	668	2,393		52,191.06		21.81	.026		78.13		.56
SURGICENTER	984	2,053		76,779.63		37.40	.022		78.03		.83
HEROIN DETOX CLINIC	16	190		2,152.19		11.33	.002		134.51		.02
RURAL HEALTH CLINIC	16,549	26,327		2,748,213.57		104.39	.283		166.07		29.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 7,444
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS1	ISTANCE - DISABLED							
							M	ONTI	HLY AVERA	GE	
92,932 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	12,820	1,506,902	\$	2,959,197.16	\$	1.96	16.215	\$	230.83	\$	31.84
DURABLE MED. EQUIP.	1,141	3,476		757,605.17		217.95	.037		663.98		8.15
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	327	630		100,127.37		158.93	.007		306.20		1.08
MEDICAL TRANSPORTATION	2,201	69,097		494,050.69		7.15	.744		224.47		5.32
AMBULANCES/AIR TRANS	1,537	19,212		266,541.43		13.87	.207		173.42		2.87

92,932 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		S COST PER	COST PI	
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIB	ĹΕ
@ALL OTHER PROVIDERS	12,820	1,506,902	\$	2,959,197.16	\$ 1.96	16.215	\$ 230.83		
DURABLE MED. EQUIP.	1,141	3,476		757,605.17	217.95	.037	663.98	8.3	15
BLOOD BANK	0	0		.00	.00	.000	.00		00
HEARING AID DISPENSERS	327	630		100,127.37	158.93	.007	306.20	1.0	
MEDICAL TRANSPORTATION	2,201	69,097		494,050.69	7.15	.744	224.47	5.3	
AMBULANCES/AIR TRANS	1,537	19,212		266,541.43	13.87	.207	173.42	2.8	87
OTHER TRANS	591	47,975		188,143.68	3.92	.516	318.35	2.0	ე2
OTHER SERVICES	174	1,910		39,365.58	20.61	.021	226.24	. •	42
ACUPUNCTURE	94	211		3,898.06	18.47	.002	41.47	. (04
ADULT DAY HEALTH CARE CTR	268	4,252		293,962.17	69.14	.046	1096.87	3.3	16
GENETIC DISEASE TESTING	16	16		1,680.00	105.00	.000	105.00	. (02
IHMC, MODEL-NF, NF, AIDS, MSSP	539	2,713		204,306.96	75.31	.029	379.05	2.3	20
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	. (00
OPTICIAN	2,553	6,040		82,786.99	13.71	.065	32.43	. 8	89
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	. (00
PORTABLE X-RAY	31	68		1,594.11	23.44	.001	51.42	. (02
PROSTHETIST/ORTHOTISTS	479	1,254		135,319.02	107.91	.013	282.50	1.4	46
PROSTHETICS	414	1,177		132,601.35	112.66	.013	320.29	1.4	43
ORTHOTICS	65	77		2,717.67	35.29	.001	41.81	. (03
PSYCHOLOGIST	2	3		227.97	75.99	.000	113.99	. (00
SPEECH AND AUDIOLOGY	298	723		44,777.64	61.93	.008	150.26	. •	48
HOSPICE SERVICES	45	1,049		124,586.22	118.77	.011	2768.58	1.3	34
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	. (00
LOCAL EDUCATION AGENCIES	1,944	21,795		175,900.46	8.07	.235	90.48	1.8	89
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	. (00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	. (00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	. (00
ALL OTHER PROVIDERS	4,336	1,395,575		538,374.33	.39	15.017	124.16	5.	79
@CALIF. CHILDREN SERVICES*	2,420	137,023	\$	3,508,395.64	\$ 25.60	1.474	\$ 1449.75	\$ 37.	75
@XOVER EXCLUDING STATE HOSP**	10,546	119,478	\$	1,512,718.89	\$ 12.66	1.286	\$ 143.44	\$ 16.3	28

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,445
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						MO	NT	HLY AVERA	GΕ	
244,196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	108,870	560,143	\$ 23,500,658.78	\$	41.95	2.294	\$	215.86	\$	96.24
@PHYSICIANS SERVICES	37,909	82,999	\$ 3,299,274.01	\$	39.75	.340	\$	87.03	\$	13.51
OUTPATIENT VISITS	29,310	37,867	1,439,999.25		38.03	.155		49.13		5.90
OFFICE VISITS	21,185	25,744	876,242.88		34.04	.105		41.36		3.59

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	12	16	616.16	38.51	.000	51.35	.00
EMERGENCY ROOM	6,705	7,324	354,398.34	48.39	.030	52.86	1.45
PREVENTIVE CARE	22	22	915.06	41.59	.000	41.59	.00
OB VISITS/COMPRE PERI	1,371	3,170	157,427.33	49.66	.013	114.83	.64
OTHER OUTPATIENT	1,478	1,591	50,399.48	31.68	.007	34.10	.21
INPATIENT VISITS	1,319	4,020	254,031.72	63.19	.016	192.59	1.04
HOSPITAL VISITS	1,262	3,268	148,311.46	45.38	.013	117.52	.61
CRITICAL CARE	108	747	105,516.66	141.25	.003	977.01	.43
SNF/ICF/TRANS IP CARE	4	5	203.60	40.72	.000	50.90	.00
OPHTHALMOLOGICAL SERVICES	330	365	16,064.75	44.01	.001	48.68	.07
EXAMINATIONS	326	361	15,948.88	44.18	.001	48.92	.07
SERVICES AND MATERIALS	4	4	115.87	28.97	.000	28.97	.00
INPATIENT HOSPITAL SURGERY	1,144	4,076	560,924.29	137.62	.017	490.32	2.30
PRINCIPAL SURGEON	841	974	462,307.15	474.65	.004	549.71	1.89
ASSISTANT SURGEON	152	152	25,748.09	169.40	.001	169.40	.11
ANESTHESIOLOGIST	356	2,950	72,869.05	24.70	.012	204.69	.30

OUTPATIENT SURGERY	2,228	5,968		361,632.92		60.60	.024		162.31		1.48
PRINCIPAL SURGEON	1,714	2,134		268,312.54		125.73	.009		156.54		1.10
ASSISTANT SURGEON	13	13		1,336.99		102.85	.000		102.85		.01
ANESTHESIOLOGIST	772	3,821		91,983.39		24.07	.016		119.15		.38
DIALYSIS	14	43		3,565.84		82.93	.000		254.70		.01
PATHOLOGY	4,301	7,395		46,596.96		6.30	.030		10.83		.19
RADIOLOGY	7,188	10,338		294,222.17		28.46	.042		40.93		1.20
PSYCHIATRY	5	5		188.05		37.61	.000		37.61		.00
IMMUNIZATION AND INJECTION	888	3,396		98,285.88		28.94	.014		110.68		.40
OTHER SERVICES/ALL X-OVERS	4,631	9,526		223,762.18		23.49	.039		48.32		.92
@PHARMACY	52,818	148,368	\$	5,126,335.95	\$	34.55	.608	\$	97.06	\$	20.99
PRESCRIPTION DRUGS	52,348	130,447		5,025,968.00		38.53	.534		96.01		20.58
SNF/ICF	8	38		3,622.68		95.33	.000		452.84		.01
OUTPATIENTS	52,342	130,409		5,022,345.32		38.51	.534		95.95		20.57
MEDICAL SUPPLIES	1,681	17,921				5.60	.073		59.71		.41
@DENTIST	12,979	77,443	\$	2,390,877.33	\$	30.87	.317	\$	184.21	\$	9.79
VISITS - DIAGNOSTIC	9,618	51,991		687,609.54		13.23	.213		71.49		2.82
ORAL SURGERY	1,917	3,737		216,307.81		57.88	.015		112.84		.89
DRUGS	191	388		6,446.25		16.61	.002		33.75		.03
ANESTHESIA	154	164		15,616.00		95.22	.001		101.40		.06
PERIODONTICS	396	405		42,337.00		104.54	.002		106.91		.17
ENDODONTICS	1,279	2,711		314,308.42		115.94	.011		245.75		1.29
RESTORATIVE DENTISTRY	4,733	15,531		893,547.00		57.53	.064		188.79		3.66
PROSTHETICS	28	28		570.00		20.36	.000		20.36		.00
DENTURES, STAYPLATES	76	295		26,293.00		89.13	.001		345.96		.11
SPACE MAINTAINERS	176	206		22,973.00		111.52	.001		130.53		.09
MAXILLOFACIAL SERVICES	377	379		42,770.56		112.85	.002		113.45		.18
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.00
ORTHODONTIC SERVICES	1,063	1,327		116,473.75		87.77	.005		109.57		.48
ALL OTHER SERVICES	356	280		4,825.00		17.23	.001		13.55		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S N	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU D	EC	2003	P	AGE 7,446
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC A	SSI	ISTANCE - FAMILIES							
							MC			GE	
244,196 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE			PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
	2 224	6 700	4	164 005 00	۲.	24 20	000	4	70 05	۲,	60

244,196 ELIGIBLES	USERS	UNITS OF SERVICE]	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE]		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	2,324	6,789	\$	164,895.88	\$	24.29	.028	\$	70.95	\$.68
DIAGNOSTIC AND ANC. PROCED	1,438	1,453		65,845.77		45.32	.006		45.79	.27
EYE APPLIANCES	1,752	4,883		72,185.91		14.78	.020		41.20	.30
OTHER OPTOMETRIC SERVICES	441	453		26,864.20		59.30	.002		60.92	.11
@CHIROPRACTOR	403	641	\$	10,579.58	\$	16.50	.003	\$	26.25	\$.04
VISITS	403	641		10,579.58		16.50	.003		26.25	.04
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	36	95	\$	3,453.68	\$	36.35	.000	\$	95.94	\$.01
MEDICINE/INJECTIONS	33	43		1,529.86		35.58	.000		46.36	.01
SURGERY/ANES.	6	7		163.14		23.31	.000		27.19	.00
RADIO./PATHOLOGY	10	18		311.40		17.30	.000		31.14	.00
OTHER	12	27		1,449.28		53.68	.000		120.77	.01
@HOME HEALTH AGENCY	114	494	\$	29,011.83	\$	58.73	.002	\$	254.49	\$.12
NURSE ANESTHESIST	2	19	\$	218.64	\$	11.51	.000	\$	109.32	\$.00
NURSE MIDWIFE	5	25	\$	750.09	\$	30.00	.000	\$	150.02	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	44	66	\$	2,188.87	\$	33.16	.000	\$	49.75	\$.01
@TOTAL HOSPITAL	14,792	52,579	\$	6,495,633.81	\$	123.54	.215	\$	439.13	\$ 26.60
HOSP INPATIENT TOTAL	1,146	3,960		5,202,229.39		1313.69	.016		4539.47	21.30
HSC HOSPITALS	1,010	3,471		4,407,063.44		1269.68	.014		4363.43	18.05
NON-HSC HOSPITAL TOTAL	141	474		794,325.95		1675.79	.002		5633.52	3.25
ACCOMMODATIONS	141	474		213,007.82		449.38	.002		1510.69	.87
ADMINISTRATIVE DAYS	6	18		4,163.40		231.30	.000		693.90	.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00

ALL OTHER ACCOM	135	456		208,844.42	457.99	.002	1547.00	.86
ANCILLARIES	141	0		581,318.13	.00	.000	4122.82	2.38
INPATIENT CROSSOVERS	1	15		840.00	56.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,975	48,619		1,293,404.42	26.60	.199	92.55	5.30
MEDICAL	4,723	6,277		215,509.56	34.33	.026	45.63	.88
SURGERY	1,125	1,236		41,868.26	33.87	.005	37.22	.17
PATHOLOGY	4,394	15,427		171,242.84	11.10	.063	38.97	.70
RADIOLOGY	3,460	4,591		261,996.22	57.07	.019	75.72	1.07
ROOM USE	9,228	11,249		432,792.18	38.47	.046	46.90	1.77
CROSSOVERS/ALL OTH OUTPTNT	5,138	9,839		169,995.36	17.28	.040	33.09	.70
@COUNTY HOSPITAL TOTAL	106	372	\$	47,472.95	\$ 127.62	.002	\$ 447.86	\$.19
CO HOSPITAL INPATIENT TOTAL	9	27		34,716.16	1285.78	.000	3857.35	.14
HSC HOSPITALS	9	27		34,716.16	1285.78	.000	3857.35	.14
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	97	345		12,756.79	36.98	.001	131.51	.05
MEDICAL	39	61		2,742.96	44.97	.000	70.33	.01
SURGERY	6	10		469.53	46.95	.000	78.26	.00
PATHOLOGY	22	77		1,121.05	14.56	.000	50.96	.00
RADIOLOGY	24	47		2,875.44	61.18	.000	119.81	.01
ROOM USE	68	98		3,937.06	40.17	.000	57.90	.02
CROSSOVERS/ALL OTH OUTPTNT	34	52		1,610.75	30.98	.000	47.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MON	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DI	EC 2003	PAGE 7,447
MOP024	FEE-FOR-SERVICE/DENTAL	ı						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	ASSIST	TANCE - FAMILIES				
						MOI	NTHLY AVERA	GE

244,196 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER		COST PER
ZII,IJO HHIGIDHHO	ОВЫКВ	OR DAYS OF CARE		EMI ENDITORED		AY PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,706	52,207	\$	6,448,160.86	\$ 123.51				26.41
COMM HOSP INPATIENT TOTAL	1,137	3,933	٧	5,167,513.23	1313.89		4544.87	٧	21.16
HSC HOSPITALS	1,001	3,444		4,372,347.28	1269.55		4367.98		17.91
NON-HSC HOSPITALS TOTAL	141	474		794,325.95	1675.79		5633.52		3.25
ACCOMMODATIONS	141	474		213,007.82	449.38		1510.69		.87
ADMINISTRATIVE DAYS	6	18		4,163.40	231.30		693.90		.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	135	456		208,844.42	457.99	.002	1547.00		.86
ANCILLARIES	141	0		581,318.13	.00	.000	4122.82		2.38
INPATIENT CROSSOVERS	1	15		840.00	56.00	.000	840.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	13,898	48,274		1,280,647.63	26.53	.198	92.15		5.24
MEDICAL	4,687	6,216		212,766.60	34.23	.025	45.40		.87
SURGERY	1,119	1,226		41,398.73	33.77	.005	37.00		.17
PATHOLOGY	4,377	15,350		170,121.79	11.08	.063	38.87		.70
RADIOLOGY	3,437	4,544		259,120.78	57.02	.019	75.39		1.06
ROOM USE	9,165	11,151		428,855.12	38.46	.046	46.79		1.76
CROSSOVERS/ALL OTH OUTPINT	5,106	9,787		168,384.61	17.20	.040	32.98		.69
@STATE HOSPITAL	3	88	\$	42,387.73	\$ 481.68	.000	\$ 14129.24	\$.17
MENTALLY ILL	3	88		42,387.73	481.68	.000	14129.24		.17
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	1	6	\$	1,081.89	\$	180.32	.000	\$	1081.89	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	6		1,081.89		180.32	.000		1081.89		.00
@HEMODIALYSIS TOTAL	11	199	\$	9,825.99	\$	49.38	.001	\$	893.27	\$.04
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	199		9,825.99		49.38	.001		893.27		.04
@REHABILITATION FACILITY	106	323	\$	12,623.78	\$	39.08	.001	\$	119.09	\$.05
HOSPITAL BASED	101	312		12,377.04		39.67	.001		122.54		.05
INDEPENDENT FACILITY	5	11		246.74		22.43	.000		49.35		.00
@LABORATORY FACILITY	7,648	23,857	\$	317,490.91	\$	13.31	.098	\$	41.51	\$	1.30
PATHOLOGY	7,643	23,851		317,133.91		13.30	.098		41.49		1.30
XO AND OTHERS	7	6		357.00		59.50	.000		51.00		.00
@ORGANIZED OUTPATIENT CLINIC	30,048	49,573	\$	4,753,331.62	\$	95.89	.203	\$	158.19	\$	19.47
CLINIC	3,362	9,844		212,305.91		21.57	.040		63.15		.87
SURGICENTER	922	3,944		155,298.63		39.38	.016		168.44		.64
HEROIN DETOX CLINIC	1	8		106.18		13.27	.000		106.18		.00
RURAL HEALTH CLINIC	26,365	35,777		4,385,620.90		122.58	.147		166.34		17.96
	MEDI-CAL SERVICES AN		RES I	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 7,448
	FEE-FOR-SERVICE/DENT										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS:	ISTANCE - FAMILIES	S						
							1	TMON	HLY AVERA	GE	

						IM	MILL AVEKA	GE -	
244,196 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	16,840	116,574	\$	840,614.84	\$ 7.21	.477	\$ 49.92	\$	3.44
DURABLE MED. EQUIP.	248	610		25,329.96	41.52	.002	102.14		.10
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	22	77		7,779.04	101.03	.000	353.59		.03
MEDICAL TRANSPORTATION	1,318	16,665		260,830.16	15.65	.068	197.90		1.07
AMBULANCES/AIR TRANS	1,318	16,629		198,338.76	11.93	.068	150.48		.81
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	34	36		62,491.40	1735.87	.000	1837.98		.26
ACUPUNCTURE	64	117		2,236.66	19.12	.000	34.95		.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	209	211		21,836.00	103.49	.001	104.48		.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	2,744	6,222		62,534.99	10.05	.025	22.79		.26
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	256	464		33,435.29	72.06	.002	130.61		.14
PROSTHETICS	157	332		26,597.90	80.11	.001	169.41		.11
ORTHOTICS	106	132		6,837.39	51.80	.001	64.50		.03
PSYCHOLOGIST	17	105		5,536.66	52.73	.000	325.69		.02
SPEECH AND AUDIOLOGY	153	374		21,136.09	56.51	.002	138.14		.09
HOSPICE SERVICES	1	8		953.60	119.20	.000	953.60		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	11,965	39,235		382,039.50	9.74	.161	31.93		1.56
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	1	5		82.35	16.47	.000	82.35		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	134	52,486		16,966.89	.32	.215	126.62		.07
@CALIF. CHILDREN SERVICES*	943	5,418	\$	1,446,089.18	\$ 266.90	.022	\$ 1533.50	\$	5.92
@XOVER EXCLUDING STATE HOSP**	44	135	\$	7,334.77	\$ 54.33	.001	\$ 166.70	\$.03

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

01/29/04

----- MONTHLY AVERAGE -----

MERCED COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

MERCED COUNTY	SUMMARY OF SERVIC	LES FOR PUBLIC ASSI	STANCE - TOTAL		MONTH	TIT 37 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	O.D.
371,242 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT		COST PER
3/1,242 ELIGIBLES	USERS (EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	208 274	OR DAYS OF CARE	OF 040 100 70				
@IUIAL, ALL PROVIDERS	208,274 70,069 43,277 32,071	3,863,492 \$ 200,764 \$	85,049,123.78		10.407 \$	408.35	
@PHYSICIANS SERVICES	70,069	/	6,772,556.74	\$ 33.73	.541 \$	96.66	
OUTPATIENT VISITS	43,2//	57,967	2,176,583.61	37.55	.156	50.29	5.86
OFFICE VISITS	32,0/1	40,808	1,362,024.10	33.38	.110	42.47	3.67
HOME VISITS	48 9,602	72	2,798.45	38.87	.000	58.30	.01
EMERGENCY ROOM		10,840	547,329.49	50.49	.029	57.00	1.47
PREVENTIVE CARE	23	23	958.91	41.69	.000	41.69	.00
OB VISITS/COMPRE PERI	1,494	3,371	170,222.24	50.50	.009	113.94	.46
OTHER OUTPATIENT	2,531	2,853	93,250.42	32.69	.008	36.84	. 25
INPATIENT VISITS	2,937	13,374	715,803.28	53.52	.036	243.72	1.93
HOSPITAL VISITS	2,582	11,478	490,076.52	53.52 42.70	.031	189.81	1.32
CRITICAL CARE	251	1,558	216,680.31	139.08	.004	863.27	.58
SNF/ICF/TRANS IP CARE	277	338	9,046.45	26.76	.001	32.66	.02
OPHTHALMOLOGICAL SERVICES	949	1,113	48,076.16	43.20	.003	50.66	.13
EXAMINATIONS	942	1,106	47,904.06	43.31	.003	50.85	.13
SERVICES AND MATERIALS	7	7	172.10	24.59	.000	24.59	.00
INPATIENT HOSPITAL SURGERY	942 7 1,843 1,350	7,292	890,573.49	122.13	.020	483.22	2.40
PRINCIPAL SURGEON	1,350	1,839	725,880.40	394.71	.005	537.69	1.96
ASSISTANT SURGEON	210	218	37,560.72	172.30	.001	172.30	.10
ANESTHESIOLOGIST	588	5,235	127,132.37	24.29	.014	216.21	.34
OUTPATIENT SURGERY	3,805	10,115	713,281.02	70.52	.027	187.46	1.92
PRINCIPAL SURGEON	588 3,805 3,038 44	4,232	565,497.54	133.62	.011	186.14	1.52
ASSISTANT SURGEON	44	45	4,903.99	108.98	.000	111.45	.01
ANESTHESIOLOGIST	1,119	5,838	142,879.49	24.47	.016	127.68	.38
DIALYSIS	243	811	74,932.34	92.39	.002	308.36	.20
PATHOLOGY	7,078	13,540	87,657.74	6.47	.036	12.38	.24
RADIOLOGY	13,099	21,239	697,923.73	32.86	.057	53.28	1.88
PSYCHIATRY		6	252.93	42.16	.000	42.16	.00
IMMUNIZATION AND INJECTION		13,624	343,824.21	25.24	.037	192.94	.93
OTHER SERVICES/ALL X-OVERS		61,683	1,023,648.23	16.60	.166	49.17	2.76
@PHARMACY	135,327	1,168,024 \$	34,626,666.66	\$ 29.65	3.146 \$	255.87	\$ 93.27
PRESCRIPTION DRUGS	133,758	500,614	32,894,011.25	65.71	1.348	245.92	88.61
SNF/ICF	1,899	13,369	1,014,935.61	75.92	.036	534.46	2.73
OUTPATIENTS	132,037	487,245	31,879,075.64	65.43	1.312	241.44	85.87
MEDICAL SUPPLIES @DENTIST	10,839	667,410	1,732,655.41	2.60	1.798	159.85	4.67
@DENTIST	19,740	110,953 \$	3,751,167.28	\$ 33.81	.299 \$	190.03	\$ 10.10
WISTS - DIAGNOSTIC	14,121	72,785	924,677.04	12.70	.196	65.48	2.49
ORAL SURGERY	2,964	6,375	360,039.06	56.48	.017	121.47	.97
DRUGS	235 229	520	8,261.25	15.89	.001	35.15	.02
ANESTHESIA	229	244	23,416.00	95.97	.001	102.25	.06
PERIODONTICS	1,103	1,182	132,467.00	112.07	.003	120.10	.36
ENDODONTICS	1,756	3,442	462,979.92	134.51	.009	263.66	1.25
RESTORATIVE DENTISTRY	6,837	21,224	1,347,102.15	63.47	.057	197.03	3.63
PROSTHETICS	78	85	1,960.00	23.06	.000	25.13	.01
DENTURES, STAYPLATES	895	2,557	281,072.33	109.92	.007	314.05	.76
SPACE MAINTAINERS	185	217	24,008.00	110.64	.001	129.77	.06
MAXILLOFACIAL SERVICES	454	460	52,353.28	113.81	.001	115.32	.14
FRACTURES, DISLOCATIONS	2	2	1,600.00	800.00	.000	800.00	.00
ORTHODONTIC SERVICES	1,165	1,478	126,101.25	85.32	.004	108.24	.34
ALL OTHER SERVICES	515	382	5,130.00	13.43	.001	9.96	.01
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES M					PAGE 7,450
MOP024	FEE-FOR-SERVICE/I		OHIL OF TAIRBUT RE	LORI LOR OAN A	.000 11110 1110	2000	01/29/04
MERCED COUNTY		CES FOR PUBLIC ASSI	STANCE - TOTAL				01/20/01
ILLICELD COUNTY	SOLUME OF SERVICE	LLD ION IODLIC ADDI	.5114.01		MONTH	TIT 37 - 7 377777 7 /	O.E.

371,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	 ST PER JIGIBLE
@OPTOMETRIST	4,532	13,100 \$	296,928.83	\$ 22.67	.035 \$	65.52	\$.80
DIAGNOSTIC AND ANC. PROCED	2,177	2,196	99,526.94	45.32	.006	45.72	.27
EYE APPLIANCES	3,467	9,729	152,668.31	15.69	.026	44.03	.41
OTHER OPTOMETRIC SERVICES	940	1,175	44,733.58	38.07	.003	47.59	.12
@CHIROPRACTOR	836	1,341 \$	21,866.86	\$ 16.31	.004 \$	26.16	\$.06
VISITS	809	1,290	21,267.84	16.49	.003	26.29	.06
OTHER SERVICES	28	51	599.02	11.75	.000	21.39	.00
@PODIATRIST	1,311	1,918 \$	20,555.21	\$ 10.72	.005 \$	15.68	\$.06
MEDICINE/INJECTIONS	147	167	4,514.00	27.03	.000	30.71	.01
SURGERY/ANES.	11	14	267.16	19.08	.000	24.29	.00
RADIO./PATHOLOGY	12	22	380.60	17.30	.000	31.72	.00
OTHER	1,172	1,715	15,393.45	8.98	.005	13.13	.04
@HOME HEALTH AGENCY	524	13,069 \$	495,766.99	\$ 37.93	.035 \$	946.12	\$ 1.34
NURSE ANESTHESIST	39	317 \$	2,377.68	\$ 7.50	.001 \$	60.97	\$.01

NURSE MIDWIFE	7	29	Ġ	874.35	\$	30.15	.000	\$	124.91	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	104	174	Ġ	4,696.22	\$.000	Ģ	45.16	Ġ	.01
	28,205 2,909 2,106 275 274	137,968	\$ \$	17 007 002 40							
@TOTAL HOSPITAL	28,205	137,968	Ş	17,997,023.40	Ş	130.44	.372	Ş	638.08	Ş	48.48
HOSP INPATIENT TOTAL	2,909	15,212		14,853,973.33		976.46	.041		5106.21		40.01
HSC HOSPITALS	2,106	10,900		12,970,577.63		1189.96	.029		6158.87		34.94
NON-HSC HOSPITAL TOTAL	275	1,048		1,417,981.53		1353.04	.003		5156.30		3.82
ACCOMMODATIONS	274	1,048		417,975.37		398.83	.003		1525.46		1.13
ADMINISTRATIVE DAVS	68	352		78,496.35		976.46 1189.96 1353.04 398.83 223.00	.001		1154.36		.21
TDANCETTONAL TO CARE	00	0		.00		223.00	.000		.00		.00
IRANSIIIONAL IP CARE	0	606		.00		.00					
ALL OTHER ACCOM	209	696		339,479.02		487.76	.002		1624.30		.91
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	275	0		1,000,006.16		487.76 .00 142.59 .00	.000		3636.39		2.69
INPATIENT CROSSOVERS	569	3,264		465,414.17		142.59	.009		817.95		1.25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATTENT TOTAL	26.142	122,756		3,143,050.07		25.60	.331		120.23		8.47
MEDICAI.	7 779	11 444		412,699.34		36.06	.031		53.05		1.11
SURGERY	2 050	11,444 2,393 35,000		90,661.30		37.89	.006		44.23		.24
	2,050 8,237	2,393		90,661.30							
PATHOLOGY	8,23/	35,000		387,009.86		11.06	.094		46.98		1.04
RADIOLOGY	6,240	35,000 9,013 18,054 46,852		604,438.31 715,349.98		67.06	.024		96.87		1.63
ROOM USE	13,750	18,054		715,349.98		39.62	.049		52.03		1.93
CROSSOVERS/ALL OTH OUTPTNT	13,750 12,064	46,852		932,891.28		19.91	.126		77.33		2.51
@COUNTY HOSPITAL TOTAL	292	46,852 1,577 86	\$	932,891.28 149,786.77	\$.004	Ś	512.97	Ś	.40
CO HOSPITAL INPATIENT TOTAL	29	86		103,328.66	Υ	1201 50	.000	Υ	3563.06	Υ	.28
HIGG HIGGETHALIG	0.77	96		102,329.61		1201.50 1189.88	.000		3789.99		.28
NON HEE HOEDITALS TOTAL	2 /	00							159.05		
NON-HSC HOSPITALS TOTAL	Ţ	U		159.05		.00	.000				.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		159.05		.00	.000		159.05		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	1	86 86 0 0 0 0 0 0 0 1,491 200		840.00		.00	.000		840.00		.00
ALL OTHER INDATIONS	0	0		.00		.00	.000		.00		.00
ALL OIRER INPAILENT	260	1 401									
CO HOSP OUTPATIENT TOTAL	269	1,491		46,458.11		31.16	.004		172.71		.13
				7,571.58		37.86	.001		74.97		.02
SURGERY	14	23		1,823.94		79.30	.000		130.28		.00
PATHOLOGY	89	457		5,469.98		11.97	.001		61.46		.01
RADIOLOGY	65	134		11,499.58		85.82	.000		176.92		.03
ROOM USE	165	256		9,735.98		38.03	.001		59.01		.03
CROSSOVERS/ALL OTH OUTPTNT	115	421		10,357.05		24.60	.001		90.06		.03
#CALIF DEPT OF HEALTH SERV			EC MC		מסמים			חהם		DAG	E 7,451
			ES MC	MIH-OF-PAIMENT RI	EPOR	I FOR UAIN 2	MATICOUS	טפכ	2003		
	FEE-FOR-SERVICE									'	01/29/04
MERCED COUNTY	SUMMARY OF SERV.	ICES FOR PUBLIC A	ASSIS	STANCE - TOTAL				O. T.		a=	
251 040 51 16151 56	11077						M				
371,242 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					ST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	27,979	136,391	\$	17,847,236.63	\$	130.85	.367	\$	637.88	\$	48.07
COMM HOSP INPATIENT TOTAL	2,882	15,126		14,750,644.67		975.18	.041		5118.20		39.73
HSC HOSPITALS	2,081	10,814		12,868,248.02		1189.96	.029		6183.68		34.66
NON-HSC HOSPITALS TOTAL	274	1,048					.003		5174.53		3.82
ACCOMMODATIONS	274	1,048		417,975.37		398.83	.003		1525.46		1.13
ADMINISTRATIVE DAYS	68	352		78,496.35		223.00	.001		1154.36		.21
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	209	696		339,479.02		487.76	.002		1624.30		.91
ANCILLARIES	274	0		999,847.11		.00	.000		3649.08		2.69
INPATIENT CROSSOVERS	568	3,264		464,574.17		142.33	.009		817.91		1.25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	25,936	121,265		3,096,591.96		25.54	.327		119.39		8.34
MEDICAL	7,687	11,244		405,127.76		36.03	.030		52.70		1.09
				88,837.36							
SURGERY	2,036	2,370		•		37.48	.006		43.63		. 24
PATHOLOGY	8,162	34,543		381,539.88		11.05	.093		46.75		1.03

RADIOLOGY	6,179	8,879		592,938.73		66.78	.024		95.96		1.60
ROOM USE	13,613	17,798		705,614.00		39.65	.048		51.83		1.90
CROSSOVERS/ALL OTH OUTPTNT		46,431		922,534.23		19.87	.125		77.11		2.48
@STATE HOSPITAL	12	363	\$	191,945.33	\$			Ś	15995.44	Ś	.52
MENTALLY ILL	5	178	Ψ	81,383.35	Ψ.	457.21	.000		16276.67	Ψ.	.22
DEVELOP. DISABLED	7	185		110,561.98		597.63	.000		15794.57		.30
	1,364		4		4					4	
@NURSING FACILITY		29,966	\$	4,102,212.19	\$	136.90		Þ	3007.49	Þ	11.05
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	25	836		101,959.42		121.96	.002		4078.38		. 27
LEV B-SUBACUTE FREESTANDING		2		606.80		303.40	.000		606.80		.00
LEV B-SUBACUTE HSPTL BASED	4	108		53,691.35		497.14	.000		13422.84		.14
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 1,337 325	29,020		3,945,954.62		135.97	.078		2951.35		10.63
@INTERMEDIATE CARE FACILDD	325	10,601	\$	1,890,123.43	\$	178.30	.029	\$	5815.76	\$	5.09
ICF DDH	99	3,165		472,597.85		149.32	.009	•	4773.72	•	1.27
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	226	7,436		1,417,525.58		190.63	.020		6272.24		3.82
	1,235	14,735	\$	1,064,008.66	بغ	72.21		4	861.55	ė.	2.87
@HEMODIALYSIS TOTAL			Ą					Ą		Ą	
HOSPITAL BASED	10	14 700		33,149.19		2549.94	.000		3314.92		.09
HEMODIALYSIS CENTER	1,225	14,722	4.	1,030,859.47	4.	70.02	.040		841.52		2.78
@REHABILITATION FACILITY	398	2,119	\$	57,707.32	\$	27.23	.006	\$	144.99	\$.16
HOSPITAL BASED	231	772		29,534.65		38.26	.002		127.86		.08
INDEPENDENT FACILITY	170 15,597	1,347		28,172.67		20.92	.004		165.72		.08
@LABORATORY FACILITY	15,597	57,860	\$	684,065.36	\$	11.82	.156	\$	43.86	\$	1.84
PATHOLOGY	15,233	57,007		672,760.47		11.80	.154		44.16		1.81
XO AND OTHERS	367	853		11,304.89		13.25	.002		30.80		.03
@ORGANIZED OUTPATIENT CLINIC	51,874	87,772	\$	7,913,726.09	\$	90.16	.236	Ś	152.56	Ġ	21.32
CLINIC	4,084	12,427	٧	268,712.54	٧	21.62	.033	Y	65.80	Y	.72
SURGICENTER	2,303	6,541		255,261.06		39.02	.018		110.84		.69
	2,303 17										
HEROIN DETOX CLINIC		198		2,258.37		11.41	.001		132.85		.01
RURAL HEALTH CLINIC	46,650	68,606		7,387,494.12		107.68	.185		158.36	_	19.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	7,387,494.12 ONTH-OF-PAYMENT RI	EPORT			DEC		P.	AGE 7,452
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		ONTH-OF-PAYMENT RI	EPORT			DEC		P.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR		ONTH-OF-PAYMENT RI	EPORT			DEC		P.	AGE 7,452
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		ONTH-OF-PAYMENT RI		FOR JAN 2	2003 THRU M	ONT:	2003 HLY AVERA		AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL	ASSI	ONTH-OF-PAYMENT RI		FOR JAN 2	2003 THRU M	ONT:	2003 HLY AVERA	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE OF THE PROPERTY OF SERVICE OF SERVIC	ASSI:	ONTH-OF-PAYMENT RI STANCE - TOTAL	AVE	FOR JAN :	2003 THRU M UNITS/DAY	ONT:	2003 HLY AVERA COST PER	AGE	AGE 7,452 01/29/04 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE DESCRIPTION TO BE SHOWN THE STATE OF SERVICE OR DAYS OF CARE	ASSI: E	ONTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES	AVE PER	FOR JAN : CRAGE COST C UNIT/DAY	2003 THRU M UNITS/DAY PER ELIG	ONT:	2003 HLY AVERA COST PER USER	\GE	AGE 7,452 01/29/04 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414	ASSI:	ONTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83	AVE	FOR JAN : CRAGE COST UNIT/DAY 2.56	2003 THRU M UNITS/DAY PER ELIG 5.421	ONT:	2003 HLY AVERA COST PER USER 147.35	\GE	AGE 7,452 01/29/04 COST PER ELIGIBLE 13.89
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543	ES AND EXPENDITURE DICTOR FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396	ASSI: E	ONTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92	2003 THRU M UNITS/DAY PER ELIG 5.421 .012	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49	\GE	AGE 7,452 01/29/04 COST PER ELIGIBLE 13.89 2.30
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0	ES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0	ASSI: E	ONTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00	AVE PER	CRAGE COST C UNIT/DAY 2.56 193.92 .00	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00	\GE	AGE 7,452 01/29/04 COST PER ELIGIBLE 13.89 2.30 .00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138	ASSI: E	ONTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0	ES AND EXPENDITURE DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789	ASSI: E	ONTH-OF-PAYMENT RI STANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20	AVE PER	RAGE COST UNIT/DAY 2.56 193.92 .00 200.90 6.85	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482	ASSI: E	ONTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22	AVE PER	RAGE COST R UNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086	ES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267	ASSI: E	ONTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19	AVE PER	ERAGE COST R UNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303	TES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200	TES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550	TES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200	TES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00	AVE PER	ERAGE COST 2 UNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46	\GE	AGE 7,452 01/29/04 COST PER ELIGIBLE 13.89 2.30 .00 .62 2.61 1.31 1.02 .29 .02
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560	ES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81	AVE PER	CRAGE COST 2 UNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001	ONT:	2003 HLY AVERA COST PER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0	ES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .022 .000	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 12.51	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .022 .000 .039	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198 0	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350 0	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39 .00	AVE PER	ERAGE COST EUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 12.51	2003 THRU M UNITS/DAY PER ELIG 5.421 .002 .000 .003 .382 .101 .273 .008 .001 .023 .001 .022 .000 .039 .000	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96 .00	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198 0 37	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350 0 91	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39 .00 1,613.98	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 12.51 .00 17.74	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .022 .000 .039 .000 .000	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96 .00 43.62	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198 0	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350 0 91 1,969	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39 .00 1,613.98 179,815.74	AVE PER	CRAGE COST R UNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 12.51 .00 17.74 91.32	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .023 .001 .023 .001 .023 .000 .039 .000 .039 .000 .000	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96 .00 43.62 213.30	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198 0	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350 0 91 1,969 1,760	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39 .00 1,613.98 179,815.74 170,260.68	AVE PER	ERAGE COST 2 UNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 12.51 .00 17.74 91.32 96.74	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .022 .000 .039 .000 .039 .000 .005	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96 .00 43.62 213.30 250.75	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198 0 37 843 679 171	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350 0 91 1,969 1,760 209	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39 .00 1,613.98 179,815.74 170,260.68 9,555.06	AVE PER	CRAGE COST 2 UNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 12.51 .00 17.74 91.32 96.74 45.72	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .022 .000 .039 .000 .000 .005 .005 .005	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96 .00 43.62 213.30 250.75 55.88	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198 0 37 843 679 171 21	ES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350 0 91 1,969 1,760 209 114	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39 .00 1,613.98 179,815.74 170,260.68 9,555.06 6,114.01	AVE PER	CRAGE COST 2 UNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 12.51 .00 17.74 91.32 96.74 45.72 53.63	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .022 .000 .039 .000 .009 .000 .005 .005 .001	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96 .00 43.62 213.30 250.75 55.88 291.14	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198 0 37 843 679 171 21 565	EES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350 0 91 1,969 1,760 209 114 1,338	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39 .00 1,613.98 179,815.74 170,260.68 9,555.06 6,114.01 87,826.60	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 17.74 91.32 96.74 45.72 53.63 65.64	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .023 .001 .022 .000 .039 .000 .000 .005 .005 .005	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96 .00 43.62 213.30 250.75 55.88 291.14	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198 0 37 843 679 171 21 565 53	EES AND EXPENDITURE OF CARE UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350 0 91 1,969 1,760 209 114 1,338 1,211	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39 .00 1,613.98 179,815.74 170,260.68 9,555.06 6,114.01 87,826.60 143,910.30	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 12.51 .00 17.74 91.32 96.74 45.72 53.63 65.64 118.84	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .022 .000 .039 .000 .005 .005 .005 .001 .000	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96 .00 43.62 213.30 250.75 555.88 291.14 155.45 2715.29	\GE	AGE 7,452 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 371,242 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 34,984 1,543 0 656 4,209 2,982 1,086 303 200 550 225 1,560 0 6,198 0 37 843 679 171 21 565	EES AND EXPENDITURE OF DENTAL TICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 2,012,414 4,396 0 1,138 141,789 37,482 101,267 3,040 435 8,360 227 8,072 0 14,350 0 91 1,969 1,760 209 114 1,338	ASSI: E	DNTH-OF-PAYMENT RISTANCE - TOTAL EXPENDITURES 5,154,772.83 852,488.18 .00 228,620.56 970,632.20 485,583.22 379,172.19 105,876.79 7,989.17 578,850.76 23,516.00 585,800.81 .00 179,523.39 .00 1,613.98 179,815.74 170,260.68 9,555.06 6,114.01 87,826.60	AVE PER	CRAGE COST CUNIT/DAY 2.56 193.92 .00 200.90 6.85 12.96 3.74 34.83 18.37 69.24 103.59 72.57 .00 17.74 91.32 96.74 45.72 53.63 65.64	2003 THRU M UNITS/DAY PER ELIG 5.421 .012 .000 .003 .382 .101 .273 .008 .001 .023 .001 .023 .001 .022 .000 .039 .000 .000 .005 .005 .005	ONT:	2003 HLY AVERA COST PER USER 147.35 552.49 .00 348.51 230.61 162.84 349.15 349.43 39.95 1052.46 104.52 375.51 .00 28.96 .00 43.62 213.30 250.75 55.88 291.14	\GE	AGE 7,452 01/29/04

LOCAL EDUCATION AGENCIES	13,948	62,432	569,565.21	9.12	.168	40.83	1.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	5	82.35	16.47	.000	82.35	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7,101	1,766,492	738,505.92	.42	4.758	104.00	1.99
@CALIF. CHILDREN SERVICES*	3,426	144,188	\$ 4,982,844.79	\$ 34.56	.388	\$ 1454.42	\$ 13.42
@XOVER EXCLUDING STATE HOSP**	20,196	194,193	\$ 2,836,336.98	\$ 14.61	.523	\$ 140.44	\$ 7.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,453
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

MERCED COUNTY	SUMMARY OF SERV	VICES FOR MN - NO	SOC -	- AGED AII	COD	E 14 1H 1U					
									HLY AVERA	GE	
12,602 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9,820	154,454	\$	4,745,371.85	\$		12.256	\$	483.24		376.56
@PHYSICIANS SERVICES	2,695	9,566	\$	208,204.75	\$	21.77	.759	\$	77.26	\$	16.52
OUTPATIENT VISITS	400	560	•	23,083.82		41.22	.044	-	57.71		1.83
OFFICE VISITS	339	467		17,154.94		36.73	.037		50.60		1.36
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	73	85		5,679.12		66.81	.007		77.80		.45
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	8	8		249.76		31.22	.001		31.22		.02
INPATIENT VISITS	53	400		15,423.83		38.56	.032		291.02		1.22
	53 52	353		10,008.93		28.35	.028		192.48		.79
HOSPITAL VISITS											
CRITICAL CARE	5 1	46		5,342.80		116.15	.004		1068.56		.42
SNF/ICF/TRANS IP CARE		1		72.10		72.10	.000		72.10		.01
OPHTHALMOLOGICAL SERVICES	55	61		2,778.79		45.55	.005		50.52		.22
EXAMINATIONS	55	61		2,778.79		45.55	.005		50.52		.22
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	31	123		12,812.77		104.17	.010		413.32		1.02
PRINCIPAL SURGEON	21	33		10,550.40		319.71	.003		502.40		.84
ASSISTANT SURGEON	4	4		392.05		98.01	.000		98.01		.03
ANESTHESIOLOGIST	7	86		1,870.32		21.75	.007		267.19		.15
OUTPATIENT SURGERY	63	159		21,763.32		136.88	.013		345.45		1.73
PRINCIPAL SURGEON	52	77		19,499.19		253.24	.006		374.98		1.55
ASSISTANT SURGEON	4	4		331.73		82.93	.000		82.93		.03
ANESTHESIOLOGIST	$1\overline{4}$	78		1,932.40		24.77	.006		138.03		.15
DIALYSIS	1	7		829.84		118.55	.001		829.84		.07
PATHOLOGY	129	239		1,900.42		7.95	.019		14.73		.15
RADIOLOGY	229	460		17,696.32		38.47	.037		77.28		1.40
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	21	54		7,009.82		129.81	.004		333.80		.56
IMMUNIZATION AND INJECTION	2,189			104,905.82					47.92		
OTHER SERVICES/ALL X-OVERS	2,189	7,503	4		4	13.98	.595	4		4	8.32
@PHARMACY	8,185	69,853	\$	2,316,873.70	\$		5.543	Ş	283.06	Ş	183.85
PRESCRIPTION DRUGS	8,096	34,429		2,264,796.46		65.78	2.732		279.74		179.72
SNF/ICF	291	1,770		101,746.37		57.48	.140		349.64		8.07
OUTPATIENTS	7,828	32,659		2,163,050.09		66.23	2.592		276.32		171.64
MEDICAL SUPPLIES	680	35,424		52,077.24		1.47	2.811		76.58		4.13
@DENTIST	565	2,439	\$	118,061.10	\$	48.41	.194	\$	208.96	\$	9.37
VISITS - DIAGNOSTIC	340	1,369		16,010.78		11.70	.109		47.09		1.27
ORAL SURGERY	99	296		15,328.00		51.78	.023		154.83		1.22
DRUGS	1	6		90.00		15.00	.000		90.00		.01
ANESTHESIA	7	8		800.00		100.00	.001		114.29		.06
PERIODONTICS	61	63		6,530.00		103.65	.005		107.05		.52
ENDODONTICS	37	51		11,750.00		230.39	.004		317.57		.93
RESTORATIVE DENTISTRY	150	354		31,713.00		89.58	.028		211.42		2.52
PROSTHETICS	7	9		335.00		37.22	.001		47.86		.03
1100111111100	,			333.00		57.22	.001		17.00		• 0 3

	100	278		35,504.32		127.71	.022		355.04		2.82
DENTURES, STAYPLATES	100	278		35,504.32		.00	.022		.00		.00
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	14	5		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	ES MO		REDOR'			DEC		D	AGE 7,454
MOP024	FEE-FOR-SERVICE		LD 140	NIII OI IMIMBINI I	ICEL OIC	1 1010 07110	2005 11110	рцс	2003		01/29/04
MERCED COUNTY		CES FOR MN - NO	SOC	- AGED AII	D COD	E 14 1H 1U	1x				01/25/01
							M	ONT	HLY AVERA	GE	
12,602 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	315	861	\$	17,117.12	\$	19.88	.068	\$	54.34	\$	1.36
DIAGNOSTIC AND ANC. PROCED	53	56		2,545.62		45.46	.004		48.03		.20
EYE APPLIANCES	231	655		11,855.20		18.10	.052		51.32		.94
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	92	150		2,716.30		18.11	.012		29.53		.22
@CHIROPRACTOR	9	20	\$	334.40		16.72	.002	\$	37.16	\$.03
VISITS	5	14		234.08		16.72	.001		46.82		.02
OTHER SERVICES	4	6		100.32		16.72	.000		25.08		.01
@PODIATRIST	181	256	\$	2,112.29			.020	\$	11.67	\$.17
MEDICINE/INJECTIONS	3	3		135.80		45.27	.000		45.27		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	170	0		.00		.00	.000		.00		.00
OTHER	92 9 5 4 181 3 0 0 178 2 10	253	Ċ	1,976.49 1,058.92		7.81	.020	ė.	11.10 529.46	4	.16 .08
@HOME HEALTH AGENCY NURSE ANESTHESIST	10	15 76	ې د	832.66	Ş	70.59 10.96	.001 .006		83.27	\$.08
MIDGE MIDMIED NORSE WESTHESISI	10	7.6	Ġ Ċ	.00	ې خ	.00	.000	\$ \$.00	\$.00
DEDIVADIC MIDGE DDVCALLIONED	0	0	Ġ Ġ	.00		.00	.000		.00		.00
FAMILY NUDGE DRACTITIONER	3	3	4	57.76		19.25	.000		19.25		.00
@TOTAL HOSPITAL	922	76 0 0 3 5,449	Š	510,636.44		93.71	.432		553.84		40.52
NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @COUNTY HOSPITAL TOTAL	154	941	٧	414,271.86		440.25	.075	٧	2690.08	~	32.87
HSC HOSPITALS	24	161		212,474.69		1319.72	.013		8853.11		16.86
NON-HSC HOSPITAL TOTAL	10	80		99,003.01		1237.54	.006		9900.30		7.86
ACCOMMODATIONS	10	80		51,574.98		644.69	.006		5157.50		4.09
ADMINISTRATIVE DAYS	3	11		2,354.11		214.01	.001		784.70		.19
TRANSITIONAL IP CARE	0	80 80 11 0 69		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	69		49,220.87		713.35	.005		7031.55		3.91
ANCILLARIES	10	0		47,428.03		.00	.000		4742.80		3.76
INPATIENT CROSSOVERS	122	700		102,794.16		146.85	.056		842.58		8.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	792	4,508		96,364.58		21.38	.358		121.67		7.65
MEDICAL	87	128		4,336.66		33.88	.010		49.85		.34
SURGERY	25	28		1,595.06		56.97	.002		63.80		.13
PATHOLOGY	108	502		5,464.32		10.89	.040		50.60		.43
RADIOLOGY	114	157		10,792.59		68.74	.012		94.67		.86
ROOM USE	101	137		6,772.33		49.43	.011		67.05		.54
@COUNTY HOSPITAL TOTAL	21	3,556 78	\$	67,403.62 4,299.03	\$	18.95 55.12	.282 .006	ė,	103.38 204.72	۲,	5.35 .34
CO HOCDITAL INDATTENT TOTAL	1	7 o 1	Ą		Ą	1778.41	.000	Ş	1778.41	Ą	.14
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0		1,778.41		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	1		1,778.41		1778.41	.000		1778.41		.14
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.02
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		1,547.11		.00	.000		1547.11		.12
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	20	77		2,520.62		32.74	.006		126.03		.20
MEDICAL	8	15		697.84		46.52	.001		87.23		.06

SURGERY	1	2	110.96	55.48	.000	110.96	.01
PATHOLOGY	4	25	275.40	11.02	.002	68.85	.02
RADIOLOGY	6	7	579.80	82.83	.001	96.63	.05
ROOM USE	10	15	556.54	37.10	.001	55.65	.04
CROSSOVERS/ALL OTH OUTPTNT	8	13	300.08	23.08	.001	37.51	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 7,455
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVI	CES FOR MN - NO S	OC - AGED AID	CODE 14 1H 1U	1X		
					MON	THLY AVERAC	SE
12,602 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	903	5,371 \$	506,337.41	\$ 94.27	.426 \$	560.73	\$ 40.18
COMM HOSP INPATIENT TOTAL	153	940	412,493.45	438.82	.075	2696.04	32.73
HSC HOSPITALS	24	161	212,474.69	1319.72	.013	8853.11	16.86
NON-HSC HOSPITALS TOTAL	9	79	97,224.60	1230.69	.006	10802.73	7.72
ACCOMMODATIONS	9	79	51,343.68	649.92	.006	5704.85	4.07

ADMINISTRATIVE DAYS	2	10		2,122.81		212.28	.001		1061.41		.17
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	69		49,220.87		713.35	.005		7031.55		3.91
ANCILLARIES	9	0		45,880.92		.00	.000		5097.88		3.64
INPATIENT CROSSOVERS	122	700		102,794.16		146.85	.056		842.58		8.16
	0	0									
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	774	4,431		93,843.96		21.18	.352		121.25		7.45
MEDICAL	80	113		3,638.82		32.20	.009		45.49		.29
SURGERY	24	26		1,484.10		57.08	.002		61.84		.12
PATHOLOGY	104	477		5,188.92		10.88	.038		49.89		.41
RADIOLOGY	108	150		10,212.79		68.09	.012		94.56		.81
	93	122		6,215.79		50.95	.010		66.84		.49
ROOM USE											
CROSSOVERS/ALL OTH OUTPTNT		3,543	4.	67,103.54	4.	18.94	.281	4.	104.20		5.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	345	7,565	\$	987,178.53	\$	130.49	.600	\$	2861.39	Ś	78.34
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
LEV B-SUBACUTE FREESTANDING	0					.00	.000				.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	345	7,565		987,178.53		130.49	.600		2861.39		78.34
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0	0	•	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN			4							4	
@HEMODIALYSIS TOTAL	144	286	\$	78,535.72	\$	274.60	.023	Ş	545.39	\$	6.23
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	144	286		78,535.72		274.60	.023		545.39		6.23
HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	330	1,690	\$	18,889.87	Ś	11.18	.134	Ś	57.24	\$	1.50
PATHOLOGY	282	1,605	Ψ.	18,215.36	~	11.35	.127	٧	64.59	~	1.45
XO AND OTHERS	48	85		674.51		7.94	.007		14.05		.05
					_						
@ORGANIZED OUTPATIENT CLINIC	1,732	3,039	\$	166,250.63	\$	54.71	.241	Ş	95.99	Ş	13.19
CLINIC	11	33		519.81		15.75	.003		47.26		.04
SURGICENTER	173	253		10,990.07		43.44	.020		63.53		.87
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,591	2,753		154,740.75		56.21	.218		97.26		12.28
#CALIF DEPT OF HEALTH SERV			TRES MO	ONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 7,456
MOP024	FEE-FOR-SERVICE										01/29/04
MERCED COUNTY		ICES FOR MN - 1	TO SOC	- ACED AID	CODE	14 1H 1U	1 1 V				01/25/01
MERCED COONTI	BOMMANT OF BERN	TOLED FOR MIN I	.vo boc	AGED AID	CODE	14 111 10	M	ידוו∩ו	מדע אזזידטא	CF.	
10 600 ELICIBLES	HCEDC	INITEC OF CEDIT	יתר	EADENDILLIDEC	7\ 7.777	חאמה מספי					COST PER
12,602 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			C UNITS/DAY				
		OR DAYS OF CAR	ΚΕ.				PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,541	53,336	Ş	319,227.96	\$	5.99	4.232	Ş	207.16	Ş	25.33
DURABLE MED. EQUIP.	52	82		9,879.51		120.48	.007		189.99		.78
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	120	176		51,137.73		290.56	.014		426.15		4.06
MEDICAL TRANSPORTATION	249	21,056		78,837.51		3.74	1.671		316.62		6.26
AMBULANCES/AIR TRANS	47	492		6,459.03		13.13	.039		137.43		.51
OTHER TRANS	190	20,422		72,174.83		3.53	1.621		379.87		5.73
OTHER SERVICES	16	142		203.65		1.43	.011		12.73		.02
ACUPUNCTURE	8	28		504.16		18.01	.002		63.02		.04
ADULT DAY HEALTH CARE CTR	63	893		62,027.81		69.46	.071		984.57		4.92
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	129	505		46,630.71		92.34	.040		361.48		3.70
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
	J	O		.00		.00	.000		.00		.00

OPTICIAN	412	961	13,733.42	14.29	.076	33.33	1.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	1.42	.36	.000	.71	.00
PROSTHETIST/ORTHOTISTS	32	59	2,081.19	35.27	.005	65.04	.17
PROSTHETICS	31	58	2,044.19	35.24	.005	65.94	.16
ORTHOTICS	1	1	37.00	37.00	.000	37.00	.00
PSYCHOLOGIST	1	1	24.58	24.58	.000	24.58	.00
SPEECH AND AUDIOLOGY	25	43	4,829.46	112.31	.003	193.18	.38
HOSPICE SERVICES	6	30	3,380.37	112.68	.002	563.40	.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	654	29,498	46,160.09	1.56	2.341	70.58	3.66
@CALIF. CHILDREN SERVICES*	0	3CR \$	153.33CR \$	51.11	.000	\$.00 \$.01CR
@XOVER EXCLUDING STATE HOSP**	3,179	16,534 \$	507,100.74 \$	30.67	1.312	\$ 159.52 \$	40.24

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,457
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

					MON	THLY AVERAG	E
77 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	49	4,469 \$	92,477.72	\$ 20.69	58.039 \$	1887.30	\$ 1201.01
@PHYSICIANS SERVICES	13	158 \$	6,101.70	\$ 38.62	2.052 \$	469.36	\$ 79.24
OUTPATIENT VISITS	8	12	703.90	58.66	.156	87.99	9.14
OFFICE VISITS	5	6	235.60	39.27	.078	47.12	3.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	221.03	73.68	.039	73.68	2.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	247.27	82.42	.039	123.64	3.21
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	26	991.44	38.13	.338	991.44	12.88
HOSPITAL VISITS	1	26	991.44	38.13	.338	991.44	12.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	59.44	29.72	.026	59.44	.77
EXAMINATIONS	1	2	59.44	29.72	.026	59.44	.77
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	50	2,987.27	59.75	.649	995.76	38.80
PRINCIPAL SURGEON	3	6	2,202.14	367.02	.078	734.05	28.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	44	785.13	17.84	.571	785.13	10.20
OUTPATIENT SURGERY	1	1	104.23	104.23	.013	104.23	1.35
PRINCIPAL SURGEON	1	1	104.23	104.23	.013	104.23	1.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	20	144.36	7.22	.260	36.09	1.87
RADIOLOGY	6	39	946.23	24.26	.506	157.71	12.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	8	164.83	20.60	.104	54.94	2.14
@PHARMACY	33	838 \$	4,394.24	\$ 5.24	10.883 \$		
PRESCRIPTION DRUGS	31	124	4,025.03	32.46	1.610	129.84	52.27
SNF/ICF	9	70	2,018.90	28.84	.909	224.32	26.22
OUTPATIENTS	22	54	2,006.13	37.15	.701	91.19	26.05

MEDICAL SUPPLIES	6	714	369.2	L	.52	9.273	61.54	4.79
@DENTIST	3	14	\$ 540.0) \$	38.57	.182	\$ 180.00	\$ 7.01
VISITS - DIAGNOSTIC	2	5	180.0)	36.00	.065	90.00	2.34
ORAL SURGERY	0	0	.0)	.00	.000	.00	.00
DRUGS	0	0	.0)	.00	.000	.00	.00
ANESTHESIA	0	0	.0)	.00	.000	.00	.00
PERIODONTICS	0	0	.0)	.00	.000	.00	.00
ENDODONTICS	0	0	.0)	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	9	360.0)	40.00	.117	360.00	4.68
PROSTHETICS	0	0	.0)	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.0)	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.0)	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.0)	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.0)	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.0)	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.0)	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITURE	S MONTH-OF-PAYMENT	REPOR	RT FOR JAN	2003 THRU 1	DEC 2003	PAGE 7,458
MOP024	FEE-FOR-SERVICE/DENTA	AL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES I	FOR MN - NO	SOC - BLIND		AID CODE	24		
						Mo	ONTHLY AVERA	GE

									HLY AVERA		
77 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	S	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
FAMILY NURSE PRACTITIONER	1	1	Ė	27.50	Ė	27.50	.013	\$	27.50	Ė	.36
@TOTAL HOSPITAL	10	66	\$	32,600.61	\$	493.95	.857	\$	3260.06	\$	423.38
HOSP INPATIENT TOTAL	3	35	•	31,960.00	•	913.14	.455		10653.33		415.06
HSC HOSPITALS	2	26		31,120.00		1196.92	.338		15560.00		404.16
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	9		840.00		93.33	.117		840.00		10.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	31		640.61		20.66	.403		80.08		8.32
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		69.29		11.55	.078		23.10		.90
RADIOLOGY	1	1		54.52		54.52	.013		54.52		.71
ROOM USE	5	8		296.84		37.11	.104		59.37		3.86
CROSSOVERS/ALL OTH OUTPTNT	2	16		219.96		13.75	.208		109.98		2.86
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX		ES MOI		RDORT				D	AGE 7,459
MOP024	FEE-FOR-SERVICE		EENDIION	(1101	NIII OF FAIRENI N	CEF OICE	FOR UAN 2	.005 TIMO DE	C 2005	Ε.	01/29/04
MERCED COUNTY	SUMMARY OF SERV		MNI - NO	, snc .	- RI.TND		AID CODE	24			01/25/04
MERCED COUNTY	BOMMARCI OF BERCO	ICES FOR	1.114 140) DOC	DHIND		AID CODE	MON	τητ.ν Δνέεδ	GE.	
77 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ1/17	RAGE COST		COST PER		COST PER
77 1111011110	OBERB	OR DAYS			DMI DINDITORED		UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	OK DIIID	66	\$	32,600.61		493.95		3260.06		
COMM HOSP INPATIENT TOTAL	3		35	Ψ	31,960.00	٧	913.14	.455	10653.33	~	415.06
HSC HOSPITALS	2		26		31,120.00		1196.92	.338	15560.00		404.16
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	1		9		840.00		93.33	.117	840.00		10.91
ALL OTHER INPATIENT	0		Ó		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	8		31		640.61		20.66	.403	80.08		8.32
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	3		6		69.29		11.55	.078	23.10		.90
RADIOLOGY	1		1		54.52		54.52	.013	54.52		.71
ROOM USE	_ 5		8		296.84		37.11	.104	59.37		3.86
CROSSOVERS/ALL OTH OUTPTNT	2		16		219.96		13.75	.208	109.98		2.86
@STATE HOSPITAL	0		0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0		0	•	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	8		286	\$	37,396.97	\$	130.76	3.714 \$		\$	485.67
LEV A-INTERMEDIATE	0		0	4	.00	т.	.00	.000	.00	т.	.00
LEV B-REHAB MD	0		Ō		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	8		286		37,396.97		130.76	3.714	4674.62		485.67
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0		0	•	.00	•	.00	.000	.00	•	.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000 \$		\$.00
HOCDITAL BACED	0		0		0.0	•	0.0	000	0.0	-	0.0

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HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

@LABORATORY FACILITY

PATHOLOGY	6	20	380.03	19.00	.260	63.34	4.94
	0	20					
XO AND OTHERS	U	U	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	22 \$	1,643.01	\$ 74.68	.286 \$	149.36	\$ 21.34
CLINIC	2	4	40.00	10.00	.052	20.00	.52
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	18	1,603.01	89.06	.234	178.11	20.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	IONTH-OF-PAYMENT I	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,460
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	! - BLIND	AID CODE	24		
					MON'	THLY AVERA	GE
77 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	3,064 \$	9,393.66	\$ 3.07	39.792 \$	626.24	\$ 122.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0		.00		.000	.00	.00
MEDICAL TRANSPORTATION	4	88		4,550.09	51.	71 1.143	1137.52	59.09
AMBULANCES/AIR TRANS	2	79		2,674.29	33.	35 1.026	1337.15	34.73
OTHER TRANS	2	8		75.80	9.	48 .104	37.90	.98
OTHER SERVICES	1	1		1,800.00	1800.	.013	1800.00	23.38
ACUPUNCTURE	0	0		.00		.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00		.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	3		259.66	86.	.039	129.83	3.37
OCCUPATIONAL THERAPIST	0	0		.00		.000	.00	.00
OPTICIAN	0	0		.00		.000	.00	.00
PHYSICAL THERAPIST	0	0		.00		.000	.00	.00
PORTABLE X-RAY	0	0		.00		.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.000	.00	.00
PROSTHETICS	0	0		.00		.000	.00	.00
ORTHOTICS	0	0		.00		.000	.00	.00
PSYCHOLOGIST	0	0		.00		.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.000	.00	.00
HOSPICE SERVICES	2	33		3,611.85	109.	45 .429	1805.93	46.91
NONINST BIRTHING CENTERS	0	0		.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3		31.20	10.	.039	31.20	.41
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.000		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.000	.00	.00
ALL OTHER PROVIDERS	9	2,937		940.86		32 38.143	104.54	12.22
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.	.000		
@XOVER EXCLUDING STATE HOSP**	12	3,369	\$	6,524.30	\$ 1.	94 43.753	\$ 543.69	\$ 84.73
⊕ + momato ta minon timeo and ottoni			TITIDA ONTE SZ					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,461 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

					MONTHLY AVERAGE					
7,130 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	5,796	127,381	\$	4,453,123.24	\$ 34.96	17.865	\$ 768.31	\$ 624.56		
@PHYSICIANS SERVICES	1,865	11,243	\$	399,842.32	\$ 35.56	1.577	\$ 214.39	\$ 56.08		
OUTPATIENT VISITS	476	708		27,459.41	38.78	.099	57.69	3.85		
OFFICE VISITS	341	499		16,229.64	32.52	.070	47.59	2.28		
HOME VISITS	0	0		.00	.00	.000	.00	.00		
EMERGENCY ROOM	140	169		10,094.62	59.73	.024	72.10	1.42		
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00		
OTHER OUTPATIENT	35	40		1,135.15	28.38	.006	32.43	.16		
INPATIENT VISITS	169	1,189		51,494.96	43.31	.167	304.70	7.22		
HOSPITAL VISITS	163	1,125		44,652.23	39.69	.158	273.94	6.26		
CRITICAL CARE	13	56		6,476.24	115.65	.008	498.17	.91		
SNF/ICF/TRANS IP CARE	7	8		366.49	45.81	.001	52.36	.05		
OPHTHALMOLOGICAL SERVICES	36	52		2,144.60	41.24	.007	59.57	.30		
EXAMINATIONS	36	52		2,144.60	41.24	.007	59.57	.30		
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	86	428		38,381.17	89.68	.060	446.29	5.38		
PRINCIPAL SURGEON	70	116		29,322.47	252.78	.016	418.89	4.11		
ASSISTANT SURGEON	7	8		1,952.20	244.03	.001	278.89	.27		
ANESTHESIOLOGIST	24	304		7,106.50	23.38	.043	296.10	1.00		
OUTPATIENT SURGERY	99	272		17,008.19	62.53	.038	171.80	2.39		
PRINCIPAL SURGEON	87	133		14,858.94	111.72	.019	170.79	2.08		
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	16	139		2,149.25	15.46	.019	134.33	.30		

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	37	60		9,043.60		150.73	.008		244.42		1.27
PATHOLOGY	112	469		3,553.75		7.58	.066		31.73		.50
RADIOLOGY	375	1,014		40,800.77		40.24	.142		108.80		5.72
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	55	3,276		145,284.39		44.35	.459		2641.53		20.38
OTHER SERVICES/ALL X-OVERS	1,216	3,775		64,671.48		17.13	.529		53.18		9.07
@PHARMACY	4,486	67,951	\$	1,763,086.42	\$	25.95	9.530	\$	393.02	\$	247.28
PRESCRIPTION DRUGS	4,401	21,009		1,690,616.99		80.47	2.947		384.14		237.11
SNF/ICF	90	645		38,199.47		59.22	.090		424.44		5.36
OUTPATIENTS	4,313	20,364		1,652,417.52		81.14	2.856		383.12		231.76
MEDICAL SUPPLIES	470	46,942		72,469.43		1.54	6.584		154.19		10.16
@DENTIST	405	1,760	\$	78,367.28	\$	44.53	.247	\$	193.50	\$	10.99
VISITS - DIAGNOSTIC	260	1,040		12,660.98		12.17	.146		48.70		1.78
ORAL SURGERY	54	148		8,003.00		54.07	.021		148.20		1.12
DRUGS	3	12		135.00		11.25	.002		45.00		.02
ANESTHESIA	5	6		600.00		100.00	.001		120.00		.08
PERIODONTICS	54	56		5,780.00		103.21	.008		107.04		.81
ENDODONTICS	25	39		9,665.00		247.82	.005		386.60		1.36
RESTORATIVE DENTISTRY	113	351		28,714.00		81.81	.049		254.11		4.03
PROSTHETICS	2	2		30.00		15.00	.000		15.00		.00
DENTURES, STAYPLATES	42	90		12,387.02		137.63	.013		294.93		1.74
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	2	2		392.28		196.14	.000		196.14		.06
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	9	14		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPOR'	r for jan	2003 THRU	DEC	2003	PI	AGE 7,462
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MN - N	O SOC	C - DISABLED 64 6	6G 61	H 6U 6V 6X	8G				

MERCED COUNTY	SUMMARY OF SERV	TCES FOR MIN - NO	SUC	: - DISABLED 64	06 01	A OU OV OX					
							MC			_	
7,130 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	161	450	\$	9,010.06		20.02	.063	\$	55.96	\$	1.26
DIAGNOSTIC AND ANC. PROCED	44	44		2,062.49		46.87	.006		46.87		.29
EYE APPLIANCES	127	364		6,045.53		16.61	.051		47.60		.85
OTHER OPTOMETRIC SERVICES	29	42		902.04		21.48	.006		31.10		.13
@CHIROPRACTOR	12	22	\$	296.25		13.47	.003	\$	24.69	\$.04
VISITS	4	8		133.76		16.72	.001		33.44		.02
OTHER SERVICES	8	14		162.49		11.61	.002		20.31		.02
@PODIATRIST	63	98	\$	828.48		8.45	.014	\$	13.15	\$.12
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	63	98		828.48		8.45	.014		13.15		.12
@HOME HEALTH AGENCY	22	925	\$	32,426.25	\$	35.06	.130	\$	1473.92	\$	4.55
NURSE ANESTHESIST	6	48	\$	414.32	\$	8.63	.007	\$	69.05	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	800	5,847	\$	1,359,051.78	\$	232.44	.820	\$	1698.81	\$	190.61
HOSP INPATIENT TOTAL	153	1,263		1,248,844.87		988.79	.177		8162.38		175.15
HSC HOSPITALS	103	937		1,113,573.75		1188.45	.131		10811.40		156.18
NON-HSC HOSPITAL TOTAL	17	106		103,163.87		973.24	.015		6068.46		14.47
ACCOMMODATIONS	17	106		32,899.22		310.37	.015		1935.25		4.61
ADMINISTRATIVE DAYS	9	64		14,545.64		227.28	.009		1616.18		2.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	42		18,353.58		436.99	.006		2294.20		2.57
ANCILLARIES	17	0		70,264.65		.00	.000		4133.21		9.85
INPATIENT CROSSOVERS	38	220		32,107.25		145.94	.031		844.93		4.50
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	690	4,584		110,206.91		24.04	.643	159.72		15.46
MEDICAL	143	382		13,883.09		36.34	.054	97.08		1.95
SURGERY	49	54		2,380.44		44.08	.008	48.58		.33
PATHOLOGY	169	855		9,148.74		10.70	.120	54.13		1.28
RADIOLOGY	149	371		28,708.62		77.38	.052	192.68		4.03
ROOM USE	189	306		13,138.64		42.94	.043	69.52		1.84
CROSSOVERS/ALL OTH OUTPTNT	462	2,616		42,947.38		16.42	.367	92.96		6.02
@COUNTY HOSPITAL TOTAL	28	305	\$	162,123.68	\$	531.55	.043	\$ 5790.13	\$	22.74
CO HOSPITAL INPATIENT TOTAL	10	128		156,255.78		1220.75	.018	15625.58		21.92
HSC HOSPITALS	9	109		134,323.00		1232.32	.015	14924.78		18.84
NON-HSC HOSPITALS TOTAL	2	19		21,932.78		1154.36	.003	10966.39		3.08
ACCOMMODATIONS	2	19		4,394.70		231.30	.003	2197.35		.62
ADMINISTRATIVE DAYS	1	5		1,156.50		231.30	.001	1156.50		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	14		3,238.20		231.30	.002	3238.20		.45
ANCILLARIES	2	0		17,538.08		.00	.000	8769.04		2.46
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	20	177		5,867.90		33.15	.025	293.40		.82
MEDICAL	11	42		1,495.95		35.62	.006	136.00		.21
SURGERY	0	0		50.56		.00	.000	.00		.01
PATHOLOGY	7	36		434.44		12.07	.005	62.06		.06
RADIOLOGY	6	11		1,261.45		114.68	.002	210.24		.18
ROOM USE	12	24		855.96		35.67	.003	71.33		.12
CROSSOVERS/ALL OTH OUTPTNT	12	64		1,769.54		27.65	.009	147.46		.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2003 THRU	DEC 2003	PA	GE 7,463
MOP024	FEE-FOR-SERVICE/DENT.	AL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC	- DISABLED 64 6	6G 6	H 6U 6V 62	K 8G			
							M	ONTHLY AVERA	GE -	

						MIUDI AAFK	
7,130 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	778	5,542	\$ 1,196,928.10	\$ 215.97	.777		167.87
COMM HOSP INPATIENT TOTAL	143	1,135	1,092,589.09	962.63	.159	7640.48	153.24
HSC HOSPITALS	94	828	979,250.75	1182.67	.116	10417.56	137.34
NON-HSC HOSPITALS TOTAL	15	87	81,231.09	933.69	.012	5415.41	11.39
ACCOMMODATIONS	15	87	28,504.52	327.64	.012	1900.30	4.00
ADMINISTRATIVE DAYS	8	59	13,389.14	226.93	.008	1673.64	1.88
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	28	15,115.38	539.84	.004	2159.34	2.12
ANCILLARIES	15	0	52,726.57	.00	.000	3515.10	7.40
INPATIENT CROSSOVERS	38	220	32,107.25	145.94	.031	844.93	4.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	674	4,407	104,339.01	23.68	.618	154.81	14.63
MEDICAL	132	340	12,387.14	36.43	.048	93.84	1.74
SURGERY	49	54	2,329.88	43.15	.008	47.55	.33
PATHOLOGY	162	819	8,714.30	10.64	.115	53.79	1.22
RADIOLOGY	143	360	27,447.17	76.24	.050	191.94	3.85
ROOM USE	179	282	12,282.68	43.56	.040	68.62	1.72
CROSSOVERS/ALL OTH OUTPTNT	451	2,552	41,177.84	16.14	.358	91.30	5.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	102	2,004	\$ 255,164.15	\$ 127.33	.281	\$ 2501.61	\$ 35.79
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	102	2,004	255,164.15	127.33	.281	2501.61	35.79
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	186	2,196	\$	167,019.26	\$	76.06	.308	\$	897.95	\$	23.42
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	186	2,196		167,019.26		76.06	.308		897.95		23.42
@REHABILITATION FACILITY	9	175	\$	3,923.09	\$	22.42	.025	\$	435.90	\$.55
HOSPITAL BASED	4	35		1,049.95		30.00	.005		262.49		.15
INDEPENDENT FACILITY	6	140		2,873.14		20.52	.020		478.86		.40
@LABORATORY FACILITY	367	1,860	\$	20,093.28	\$	10.80	.261	\$	54.75	\$	2.82
PATHOLOGY	331	1,815		19,628.54		10.81	.255		59.30		2.75
XO AND OTHERS	36	45		464.74		10.33	.006		12.91		.07
@ORGANIZED OUTPATIENT CLINIC	1,051	1,813	\$	133,221.36	\$	73.48	.254	\$	126.76	\$	18.68
CLINIC	34	69		1,327.69		19.24	.010		39.05		.19
SURGICENTER	68	109		3,706.50		34.00	.015		54.51		.52
HEROIN DETOX CLINIC	4	47		487.83		10.38	.007		121.96		.07
RURAL HEALTH CLINIC	970	1,588		127,699.34		80.42	.223		131.65		17.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	JRES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2003	3 THRU	DEC	2003	PI	AGE 7,464
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MN - N	10 SOC	C - DISABLED 64 6	5G 6H	6U 6V 6X 8G					

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 7,130 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 230,378.94 \$ 7.43 4.346 \$ 254.28 \$ 32.31 30,764.03 150.80 .029 488.32 4.31 .00 .00 .000 .00 .00 6,438.51 195.11 .005 338.87 .90 66,392.10 6.77 1.375 353.15 9.31 21,233.66 10.79 .276 202.23 2.98 906
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188 9,801
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201
5 906 @ALL OTHER PROVIDERS 204 DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS

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2 OTHER TRANS 4.79 OTHER SERVICES 1.54 .01 ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .01 IHMC, MODEL-NF, NF, AIDS, MSSP . 55 OCCUPATIONAL THERAPIST .00 227 551 0 0 2 2 29 81 28 80 1 1 0 0 10 18 25 753 0 0 46 506 0 0 0 0 377 18,938 58 2,607 \$ OPTICIAN 1.09 PHYSICAL THERAPIST .00 PORTABLE X-RAY .00 .49 PROSTHETIST/ORTHOTISTS PROSTHETICS .48 ORTHOTICS .01 PSYCHOLOGIST .00 10 SPEECH AND AUDIOLOGY .09 HOSPICE SERVICES 11.04 NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING 0
ALL OTHER PROVIDERS 377

@CALIF. CHILDREN SERVICES* 58
@XOVER EXCLUDING STATE HOSP** 1,575 PED SUBACUTE REHAB/WEANING .00 3.51 2,607 14.95 \$ 16,059 32.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,465 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

353,534 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	139,946	749,903 \$	5	38,765,253.26	\$ 51.69	2.121	\$ 277.00	\$ 109.65
@PHYSICIANS SERVICES	49,455	122,518 \$	5	5,433,441.78	\$ 44.35	.347	\$ 109.87	\$ 15.37
OUTPATIENT VISITS	35,579	48,779		1,896,117.43	38.87	.138	53.29	5.36
OFFICE VISITS	24,554	30,579		1,015,762.27	33.22	.086	41.37	2.87
HOME VISITS	1	1		25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	8,069	8,849		445,825.76	50.38	.025	55.25	1.26
PREVENTIVE CARE	15	15		570.58	38.04	.000	38.04	.00
OB VISITS/COMPRE PERI	3,285	7,599		378,373.34	49.79	.021	115.18	1.07
OTHER OUTPATIENT	1,581	1,736		55,560.28	32.00	.005	35.14	.16
INPATIENT VISITS	2,637	9,143		635,047.89	69.46	.026	240.82	1.80
HOSPITAL VISITS	2,492	6,873		305,921.49	44.51	.019	122.76	.87
CRITICAL CARE	230	2,228		327,440.07	146.97	.006	1423.65	.93
SNF/ICF/TRANS IP CARE	8	42		1,686.33	40.15	.000	210.79	.00
OPHTHALMOLOGICAL SERVICES	604	671		29,558.45	44.05	.002	48.94	.08

EXAMINATIONS	594	661	29,336.89	44.38	.002	49.39	.08
SERVICES AND MATERIALS	10	10	221.56	22.16	.000	22.16	.00
INPATIENT HOSPITAL SURGERY	2,544	8,862	1,239,443.20	139.86	.025	487.20	3.51
DEINCIDAI CHECEON	1 000	2,255	1,019,406.24	452.06	.006	539.37	2.88
ASSISTANT SURGEON	380	.381	65.252.94	452.06 171.27 24.86		171.72	.18
ANESTHESTOLOGIST	749	6,226	154,784.02	24.86	.018	206.65	.44
OUTPATIENT SURGERY	3 141	7,990	543 480 80	68.02	.023	173.03	1.54
PRINCIPAL SURGEON	2 516	3 157	423 295 63	134.08		168.24	1.20
ASSISTANT SURGEON	42	3,157 42	4,666.21	111.10		111.10	.01
ANESTHESTOLOGIST	985	4,791	115,518.96	24 11	.014	117.28	.33
DIALVILS	58	100	13 827 11	138.27		238.40	
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	5 510	10,760	73,039.89	24.11 138.27 6.79	.030	13.26	
RADIOLOGY	11 160	16,553	552,586.77	33.38	.047	49.51	1.56
PSYCHIATRY	11,160	10,555	.00	0.0	000	0.0	.00
IMMUNIZATION AND INJECTION	1 2/13	0 4,122	87,450.58	21.22	.012	70.35	.25
OTHER SERVICES/ALL X-OVERS	6,466	15,538	362,889.66	22 25	~ 4.4	56.12	1.03
@PHARMACY	72 089	224,556 \$	7,839,772.11	\$ 34.91 42.39	.635 \$		
PRESCRIPTION DRUGS	72,089 71,151	175,957		42.39	.498	104.82	21.10
CME/ICE	71,131	173,937 72	2,987.63	41.49	.000	142.27	.01
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST	71 122	175,885	7,455,170.51	42.39	.498	104.81	21.09
MEDICAL CUDDLIEC	71,132	48,599	381,613.97	7.85	.137	127.20	1.08
@DENTIST	15 275	85,724 \$	2,825,627.32		.242 \$		
MICITC DIACMOCTIC	10 010	55,658	729,731.10		.157	67.49	2.06
VISIIS - DIAGNOSIIC	10,614	4,112	249,143.58	13.11 60.59	.012	115.02	.70
VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	2,166	494	8,445.00	17.10		31.39	.02
DRUGS	2 69	494	8,445.00			98.99	
ANESINESIA	198	202 842	19,600.00	97.03 109.01	.001	112.62	
PERIODONITICS	1 524	2,888	21,700.30	135.14	.002	256.10	
ENDODON I I CS	1,524 5,722	2,888 10.454	390,296.20	135.14	.008		1.10
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	5,/23	18,454 50	1,111,887.80	60.25	.052	194.28 26.81	3.15
PROSTHETICS	4 /		1,260.00	25.20 73.77	.000		.00
DENTURES, STAYPLATES	213	860	63,441.61			297.85	.18
SPACE MAINTAINERS	138	162 337 2	1/,613.00	108.72	.000	127.63	.05
MAXILLOFACIAL SERVICES	328	337	34,783.15	103.21 400.00	.001	106.05	.10
FRACTURES, DISLOCATIONS	2	_	000.00	400.00	.000	400.00	.00
ORTHODONTIC SERVICES	1,100	1,342	103,782.50	77.33	.004	94.35	. 29
THE CITER BERVICES	103	321	3,057.08	9.52	.001	7.59	.01
		CES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	EC 2003	PAGE 7,466
	FEE-FOR-SERVICE						01/29/04
MERCED COUNTY	SUMMARY OF SERV	JICES FOR MN-NOSOC-FA	AM 34 39 3N 3T 3V	54 59 5J 5W-5Y			
					MON		
353,534 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	2,934	8,653 \$	209,814.25	\$ 24.25	.024 \$		
DIAGNOSTIC AND ANC. PROCED	1,815	1,824	83,517.50	45.79	.005	46.02	. 24

83,517.50 .005 DIAGNOSTIC AND ANC. PROCED 1,815 1,824 45.79 46.02 . 24 6,263 94,775.72 15.13 42.14 .27 EYE APPLIANCES 2,249 .018 OTHER OPTOMETRIC SERVICES 543 566 31,521.03 55.69 .002 58.05 .09 @CHIROPRACTOR 522 846 14,019.27 16.57 .002 \$ 26.86 .04 VISITS 521 844 13,985.83 16.57 .002 26.84 .04 1 2 33.44 .00 OTHER SERVICES 33.44 16.72 .000 58 94 3,272.71 \$ 34.82 .000 \$ 56.43 \$.01 @PODIATRIST 52 33.52 39.62 MEDICINE/INJECTIONS 1,743.21 .000 .00 8 110.86 147.82 SURGERY/ANES. 6 886.89 .000 .00 RADIO./PATHOLOGY 3 5 86.50 17.30 .000 28.83 .00 55.61 OTHER 10 29 556.11 19.18 .000 .00 157 585 42,106.71 .002 @HOME HEALTH AGENCY 71.98 268.20 .12 2 16 122.59 .00 NURSE ANESTHESIST \$\$\$\$\$ 245.18 15.32 .000 NURSE MIDWIFE 2 3 181.44 60.48 .000 90.72 .00 \$ PEDIATRIC NURSE PRACTITIONER 0 0 .00 .00 .000 .00 \$.00 29 38 1,455.91 FAMILY NURSE PRACTITIONER \$ 38.31 .000 \$ 50.20 \$.00 13,948,338.85 \$ \$ @TOTAL HOSPITAL 19,352 76,986 181.18 .218 \$ 720.77 39.45

HOSP INPATIENT TOTAL	2,414	9,523	12,138,933.60	1274.70	.027	5028.56	34.34
HSC HOSPITALS	2,020	8,067	10,167,216.97	1260.35	.023	5033.28	28.76
NON-HSC HOSPITAL TOTAL	403	1,423	1,967,296.01	1382.50	.004	4881.63	5.56
ACCOMMODATIONS	403	1,423	599,188.16	421.07	.004	1486.82	1.69
ADMINISTRATIVE DAYS	11	56	12,941.69	231.10	.000	1176.52	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	393		586,246.47	428.86	.004	1491.72	1.66
ALL OTHER ACCOM		1,367					
ANCILLARIES	403	0	1,368,107.85	.00	.000	3394.81	3.87
INPATIENT CROSSOVERS	6	33	4,420.62	133.96	.000	736.77	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	17,583	67,463	1,809,405.25	26.82	.191	102.91	5.12
MEDICAL	5,195	7,220	270,915.76	37.52	.020	52.15	.77
SURGERY	1,479	1,682	70,977.81	42.20	.005	47.99	.20
PATHOLOGY	6,254	23,843	252,412.33	10.59	.067	40.36	.71
RADIOLOGY	5,048	6,610	403,250.23	61.01	.019	79.88	1.14
ROOM USE	10,488	13,070	517,539.81	39.60	.037	49.35	1.46
CROSSOVERS/ALL OTH OUTPTNT	6,783	15,038	294,309.31	19.57	.043	43.39	.83
@COUNTY HOSPITAL TOTAL	135	572 \$	122,137.86	\$ 213.53	.002	\$ 904.72	\$.35
CO HOSPITAL INPATIENT TOTAL	22	85	107,856.72	1268.90	.000	4902.58	.31
HSC HOSPITALS	22	83	105,988.23	1276.97	.000	4817.65	.30
NON-HSC HOSPITALS TOTAL	1	2	1,868.49	934.25	.000	1868.49	.01
ACCOMMODATIONS		2	462.60	231.30	.000	462.60	.00
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,405.89	.00	.000	1405.89	.00
INPATIENT CROSSOVERS	0	0	1,403.09	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	120	487	14,281.14	29.32	.001	119.01	.04
	34	38					
MEDICAL			1,804.94	47.50	.000	53.09	.01
SURGERY	14	17	1,149.22	67.60	.000	82.09	.00
PATHOLOGY	38	158	2,187.37	13.84	.000	57.56	.01
RADIOLOGY	26	46	1,730.42	37.62	.000	66.55	.00
ROOM USE	76	100	4,069.50	40.70	.000	53.55	.01
CROSSOVERS/ALL OTH OUTPTNT		128	3,339.69	26.09	.000	53.01	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 7,467
MOP024	FEE-FOR-SERVICE	•					01/29/04
MERCED COUNTY	SUMMARY OF SERV	TICES FOR MN-NOSOC-	FAM 34 39 3N 3T 3V	54 59 5J 5W-5Y			
					MO	NTHLY AVERA	GE
353,534 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,232	76,414 \$	13,826,200.99	\$ 180.94	.216	\$ 718.92	\$ 39.11
COMM HOSP INPATIENT TOTAL	2,394	9,438	12,031,076.88	1274.75	.027	5025.51	34.03
HSC HOSPITALS	2,000	7,984	10,061,228.74	1260.17	.023	5030.61	28.46

					11011		01
353,534 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,232	76,414 \$	13,826,200.99	\$ 180.94	.216 \$	718.92	\$ 39.11
COMM HOSP INPATIENT TOTAL	2,394	9,438	12,031,076.88	1274.75	.027	5025.51	34.03
HSC HOSPITALS	2,000	7,984	10,061,228.74	1260.17	.023	5030.61	28.46
NON-HSC HOSPITALS TOTAL	402	1,421	1,965,427.52	1383.13	.004	4889.12	5.56
ACCOMMODATIONS	402	1,421	598,725.56	421.34	.004	1489.37	1.69
ADMINISTRATIVE DAYS	10	54	12,479.09	231.09	.000	1247.91	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	393	1,367	586,246.47	428.86	.004	1491.72	1.66
ANCILLARIES	402	0	1,366,701.96	.00	.000	3399.76	3.87
INPATIENT CROSSOVERS	6	33	4,420.62	133.96	.000	736.77	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17,474	66,976	1,795,124.11	26.80	.189	102.73	5.08
MEDICAL	5,162	7,182	269,110.82	37.47	.020	52.13	.76
SURGERY	1,465	1,665	69,828.59	41.94	.005	47.66	.20
PATHOLOGY	6,217	23,685	250,224.96	10.56	.067	40.25	.71
RADIOLOGY	5,026	6,564	401,519.81	61.17	.019	79.89	1.14
ROOM USE	10,418	12,970	513,470.31	39.59	.037	49.29	1.45
CROSSOVERS/ALL OTH OUTPINT	6,722	14,910	290,969.62	19.52	.042	43.29	.82
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	584	\$	154,343.83	\$	264.29	.002	\$	6430.99	\$.44
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	5	151		100,010.95		662.32	.000		20002.19		.28
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	433		54,332.88		125.48	.001		2859.63		.15
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	92 7 85	4,418	\$	250,061.11	\$	56.60	.012	\$	2718.06	\$.71
HOSPITAL BASED	7	190		94,597.88		497.88	.001		13513.98		. 27
HEMODIALYSIS CENTER	85	4,228		155,463.23		36.77	.012		1828.98		. 44
@REHABILITATION FACILITY	133	779	\$	19,568.21	\$	25.12	.002	\$	147.13	\$.06
HOSPITAL BASED	90	311		10,429.93		33.54	.001		115.89		.03
INDEPENDENT FACILITY	44	468		9,138.28		19.53	.001		207.69		.03
@LABORATORY FACILITY	13,882	46,058	\$	636,619.81	\$	13.82	.130	\$	45.86	\$	1.80
PATHOLOGY	13,857	46,026		635,204.96			.130		45.84		1.80
XO AND OTHERS	31	32		1,414.85		44.21	.000		45.64		.00
@ORGANIZED OUTPATIENT CLINIC	41,198	70,635					.200	\$		\$	17.89
CLINIC	3,488			281,851.04		22.54	.035		80.81		.80
SURGICENTER	1,119	4,011		160,395.26		39.99	.011		143.34		.45
HEROIN DETOX CLINIC	3	33		370.29		11.22	.000		123.43		.00
RURAL HEALTH CLINIC	37,331	54,087				108.74	.153		157.55		16.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	ONTH-OF-PAYMENT RE	EPOR?	r for Jan	2003 THRU	DEC	2003	PΙ	AGE 7,468
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V 5	54 59	9 5J 5W-53					
MONTHLY AVERAGE											

353,534 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @ALL OTHER PROVIDERS 15,791 107,410 1,062,420.69 9.89 .304 \$ 67.28 \$ 3.01 DURABLE MED. EQUIP. 296 890 106,376.62 119.52 .003 359.38 .30 BLOOD BANK 0 0 .00 .00 .000 .00 .00 42 14,175.38 111.62 .000 337.51 HEARING AID DISPENSERS 127 .04 MEDICAL TRANSPORTATION 1,416 21,916 360,656.35 16.46 .062 254.70 1.02 AMBULANCES/AIR TRANS 1,408 21,035 246,556.59 11.72 .059 175.11 .70 4 811 2,149.75 2.65 .002 537.44 .01 OTHER TRANS OTHER SERVICES 70 111,950.01 1599.29 .000 1805.65 .32 87 ACUPUNCTURE 167 3,191.14 19.11 .000 36.68 .01 .000 ADULT DAY HEALTH CARE CTR 2 3 219.18 73.06 109.59 .00 GENETIC DISEASE TESTING 698 700 72,302.25 103.29 .002 103.58 .20 .000 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 87,432.04 OPTICIAN 3,528 8,107 10.78 .023 24.78 .25 162.64 PHYSICAL THERAPIST 2 7 325.27 46.47 .000 .00 0 0 .00 .00 .00 .00 PORTABLE X-RAY .000 488 67.78 .003 PROSTHETIST/ORTHOTISTS 902 61,133.75 125.27 .17 PROSTHETICS 264 43,674.62 69.11 .002 165.43 .12 ORTHOTICS 238 270 17,459.13 64.66 .001 73.36 .05 PSYCHOLOGIST 3 26 1,414.87 54.42 .000 471.62 .00 SPEECH AND AUDIOLOGY 134 325 18,352.03 56.47 .001 136.96 .05 477.56 HOSPICE SERVICES 1 477.56 119.39 .000 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES 9.071 32,271 313,526.79 9.72 .091 34.56 .89 0 0 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 RESPIRATORY CARE PRACT. 0 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS 248 41,965 22,837.46 .54 .119 92.09 .06 @CALIF. CHILDREN SERVICES* 1,595 14,023 \$ 4,351,347.85 \$ 310.30 .040 \$ 2728.12 \$ 12.31 @XOVER EXCLUDING STATE HOSP** 506 7,218 \$ 68,478.93 \$ 9.49 .020 \$ 135.33 \$.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,469
MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

11211022 0001111	Sommer of Serv	7 2 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		101111		MON	THLY AVERA	GE	
373,343 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				ST PER
	0.0	OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	155,611		\$	48,056,226.07	\$ 46.38	2.775 \$			128.72
@PHYSICIANS SERVICES	54,028		\$	6,047,590.55	\$ 42.15	.384 \$	111.93		16.20
OUTPATIENT VISITS	36,463	50,059	Τ	1,947,364.56	38.90	.134	53.41	τ	5.22
OFFICE VISITS	25.239	31,551		1,049,382.45	33.26	.085	41.58		2.81
HOME VISITS	25,239 1	1		25.20	25.20	.000	25.20		.00
EMERGENCY ROOM	8,285	9,106		461,820.53	50.72	.024	55.74		1.24
DREVENTIVE CARE	15	15		570.58	38.04	.000	38.04		.00
OB VISITS/COMPRE PERI	3,287	7,602		378,620.61	49.81	.020	115.19		1.01
OTHER OUTPATIENT	1,624	1,784		56,945.19	31.92	.005	35.06		.15
INPATIENT VISITS	2 860	10,758		702,958.12	65.34	.029	245.79		1.88
HOSPITAL VISITS	2,860 2,708	8 377		361,574.09	43.16	.022	133.52		.97
CRITICAL CARE	248	8,377 2,330		339,259.11	43.16 145.60	.006	1367.98		.91
SNF/ICF/TRANS IP CARE	16	51		2,124.92	41.67	.000	132.81		.01
OPHTHALMOLOGICAL SERVICES	696	2,330 51 786 776		34,541.28	43.95	.002	49.63		.09
EXAMINATIONS	686	776		34,319.72	44.23	.002	50.03		.09
SERVICES AND MATERIALS	10	10		221.56	22.16	.000	22.16		.00
INPATIENT HOSPITAL SURGERY	2,664	9,463		1,293,624.41	136.70	.025	485.59		3.46
PRINCIPAL SURGEON	1,984	2,410		1,061,481.25	440.45	.006	535.02		2.84
ASSISTANT SURGEON	391	393		67,597.19	172.00	.001	172.88		.18
ANESTHESIOLOGIST	781	6,660		164,545.97	24.71	.018	210.69		.44
OUTPATIENT SURGERY	3,304	8,422		582,356.54	69.15	.023	176.26		1.56
PRINCIPAL SURGEON	2,656	3,368		457,757.99	135.91	.009	170.20		1.23
ASSISTANT SURGEON	46	46		4,997.94	108.65	.000	108.65		.01
ANESTHESIOLOGIST	1,015	5,008		119,600.61	23.88	.013	117.83		.32
DIALYSIS	96	167		23,700.55	141.92	.000	246.88		.06
PATHOLOGY	5,755	11,488		78,638.42	6.85	.031	13.66		.21
RADIOLOGY	11,770	18,066		612,030.09	33.88	.048	52.00		1.64
PSYCHIATRY	11,770	18,000		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION		7,452		239,744.79	32.17	.020	181.76		.64
OTHER SERVICES/ALL X-OVERS	9,874	26,824		532,631.79	19.86	.072	53.94		1.43
@PHARMACY	84,793		\$	11,924,126.47	\$ 32.83	.973 \$		Ċ	31.94
PRESCRIPTION DRUGS	83,679	231,519	Ş	11,417,596.62	49.32	.620	136.45	Ą	30.58
SNF/ICF	411	2,557		144,952.37	56.69	.007	352.68		.39
OUTPATIENTS	83,295	228,962		11,272,644.25	49.32 56.69 49.23 3.85	.613	135.33		30.19
MEDICAL SUPPLIES	4,156	131,679		506,529.85	3.85	.353	121.88		1.36
OD DATE TO CO	16 040		\$	3,022,595.70	\$ 33.61	.241 \$		Ċ	8.10
VISITS - DIAGNOSTIC	16,248 11,414	58,072	Y	758,582.86	13.06	.156	66.46	Y	2.03
ORAL SURGERY	2,319	4,556		272,474.58	59.81	.012	117.50		.73
DRUGS	2,319	512		8,670.00	16.93	.012	31.76		.02
ANESTHESIA	210	216		21,000.00	97.22	.001	100.00		.02
PERIODONTICS	930	961		104,096.30	108.32	.003	111.93		.28
ENDODONTICS ENDODONTICS	1,586	2,978		411,711.20	138.25	.003	259.59		1.10
RESTORATIVE DENTISTRY	5,987	19,168		1,172,674.80	61.18	.051	195.87		3.14
PROSTHETICS	5,967	19,100		1,172,674.80	26.64	.000	29.02		.00
DENTURES, STAYPLATES	355	1,228		111,332.95	90.66	.003	313.61		.30
SPACE MAINTAINERS	138	162		17,613.00	108.72	.000	127.63		.05
MAXILLOFACIAL SERVICES	330	339		35,175.43	103.76	.001	106.59		.05
FRACTURES, DISLOCATIONS	2	2		800.00	400.00	.000	400.00		.09
LIVACIONES, DISTOCATIONS	4	4		800.00	400.00	.000	±00.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	1,100 426 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL	103,782.50 3,057.08 MONTH-OF-PAYMENT RE	77.33 8.99 PORT FOR JAN 2	.004 .001 2003 THRU DE	94.35 7.18 C 2003	.28 .01 PAGE 7,470 01/29/04
					MON	THLY AVERAG	E
373,343 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	3,410	9,964 \$	235,941.43	\$ 23.68	.027 \$	69.19	\$.63
DIAGNOSTIC AND ANC. PROCED	1,912	1,924	88,125.61	45.80	.005	46.09	.24
EYE APPLIANCES	2,607	7,282	112,676.45	15.47	.020	43.22	.30
OTHER OPTOMETRIC SERVICES	664	758	35,139.37	46.36	.002	52.92	.09
@CHIROPRACTOR	543	888 \$	14,649.92	\$ 16.50	.002 \$	26.98	\$.04
VISITS	530	866	14,353.67	16.57	.002	27.08	.04
OTHER SERVICES	13	22	296.25	13.47	.000	22.79	.00
@PODIATRIST	302	448 \$	6,213.48	\$ 13.87	.001 \$	20.57	\$.02

MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	47	55	1,879.01	34.16	.000	39.98	.01
SURGERY / ANES	6	8	886.89	110.86	.000	147.82	.00
PADIO /DATHOLOGY	3	5	86.50	17.30	.000	28.83	.00
OTHER	251	380	3,361.08	8.84	.001	13.39	.01
Olone Healen acenox	25I	30U					
@HOME HEALTH AGENCY	181	1,525 \$	75,591.88	\$ 49.57	.004 \$		
NURSE ANESTHESIST	T8	140 \$	1,492.16	\$ 10.66	.000 \$		\$.00
NURSE MIDWIFE	2	3 \$	181.44	\$ 60.48	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	33	42 \$	1,541.17	\$ 36.69	.000 \$	46.70	\$.00
@TOTAL HOSPITAL	21,084	88,348 \$	15,850,627.68	\$ 179.41	.237 \$		\$ 42.46
HOSP INPATIENT TOTAL	33 21,084 2,724	42 \$ 88,348 \$ 11,762	13,834,010.33	1176.16	.032	5078.56	37.05
HOG HOGDIMALG		9,191	11,524,385.41	1253.88	.025	5362.67	30.87
		1,609	2,169,462.89	1348.33	.004	5045.26	5.81
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	430	1,609	683,662.36	424.90	.004	1589.91	1.83
ACCOMMODALIONS	430						
ADMINISTRATIVE DAYS	23	131	29,841.44	227.80	.000	1297.45	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	408	1,478	653,820.92	442.37	.004	1602.50	1.75
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	430	0	1,485,800.53	.00	.000	3455.35	3.98
INPATIENT CROSSOVERS	167	962	140,162.03	145.70	.003	839.29	.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19,073	76,586	2,016,617.35	26.33	.205	105.73	5.40
MEDICAL	5,425	7,730	289,135.51	37.40	.021	53.30	.77
SURGERY	5,425 1,553	1,764	74,953.31	42.49	.005	48.26	.20
PATHOLOGY	6,534	25,206	267,094.68	10.60	.068	40.88	.72
PADIOLOGY	E 210	n 120	440 005 06	62.03	.019	83.36	1.19
ROOM HEE	10 702	13,521	537,747.62	39.77	.036	49.87	1.44
CDOCCOVEDC/ALL ORL OURDWAR	7 000	21 226	404,880.27	19.07	.057	51.26	1.08
CROSSOVERS/ALL OIH OUIPINI	7,099	21,226	404,000.27				
RADIOLOGI ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	184	955 Ş	288,560.57			1568.26	
CO HOSPITAL INPATIENT TOTAL	33	214	265,890.91	1242.48	.001	8057.30	.71
HSC HOSPITALS	31	192	240,311.23	1251.62	.001	7751.98	.64
NON-HSC HOSPITALS TOTAL	4	22	25,579.68	1162.71	.000	6394.92	.07
ACCOMMODATIONS	4	22	5,088.60	231.30	.000	1272.15	.01
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	3	7,139 13,521 21,226 955 \$ 214 192 22 22 22 8 0 14 0 0 741 95 19 219 64 139	1,850.40	231.30	.000	616.80	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	14	3,238.20	231.30	.000	3238.20	.01
ANCILLARIES	4	0	20,491.08	.00	.000	5122.77	.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	160	741	22,669.66	30.59	.002	141.69	.06
MEDICAL	53	95	3,998.73	42.09	.000	75.45	.01
SURGERY	15	19	1,310.74	68.99	.000	87.38	.00
PATHOLOGY	49	219	2,897.21	13.23	.001	59.13	.01
RADIOLOGY	38	64	3,571.67	55.81	.000	93.99	.01
ROOM USE	98	139	5,482.00	39.44	.000	55.94	.01
CROSSOVERS/ALL OTH OUTPTNT	83	205	5,409.31	26.39	.001	65.17	.01
		ES AND EXPENDITURES					PAGE 7,471
			MONTH-OF-PAIMENT R.	EPORT FOR DAN 20	UUS IRKU DE	IC 2003	01/29/04
	FEE-FOR-SERVICE		O HOMAT				01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SO	C - IOIAL		14013		CE
202 242 51 16151 56	Hanna						GE
373,343 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST (COST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20,923	87,393 \$	15,562,067.11	\$ 178.07	.234 \$		
COMM HOSP INPATIENT TOTAL	2,693	11,548	13,568,119.42	1174.93	.031	5038.29	36.34
HSC HOSPITALS	2.120	8,999	11,284,074.18	1253.93	.024	5322.68	30.22
NON-HSC HOSPITALS TOTAL	426	1,587	2,143,883.21	1350.90	.004	5032.59	5.74
A COOMMOD A TIT ONG	126	1 507	670 572 76	427 EQ	004	1502 00	1 0 2

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ACCOMMODATIONS

ANCILLARIES

ALL OTHER ACCOM

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

INPATIENT CROSSOVERS	167	962		140,162.03		145.70	.003		839.29		.38
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	18,930	75,845		1,993,947.69		26.29	.203		105.33		5.34
MEDICAL	5,374	7,635		285,136.78		37.35	.020		53.06		.76
SURGERY	1,538 6,486	1,745		73,642.57		42.20	.005		47.88		.20
PATHOLOGY	6,486	24,987		264,197.47		10.57	.067		40.73		.71
RADIOLOGY	5,278	7,075		439,234.29		62.08	.019		83.22		1.18
ROOM USE	10 605	13,382		532,265.62		39.77	.036		49.77		1.43
CROSSOVERS/ALL OTH OUTPTNT	10,695 7,819	21,021		399,470.96		19.00	.056		51.09		1.07
@STATE HOSPITAL	.,019	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY II.I.	0	0	Υ	.00	۲	.00	.000	٧	.00	~	.00
DEVELOP DISABLED	0	0				.00	.000		.00		.00
CROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	479	10,439	Ś	.00 1,434,083.48	\$.028	\$		Ś	3.84
I.FV A_TNTFPMFDIATE	475 0	10,435	Ų	.00	Y	.00	.000	Y	.00	Ų	.00
I.FV R-PFHAR MD	0	•		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0 0 151		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	5	151		100,010.95		662.32	.000		20002.19		.27
LEV B-TRANSITIONAL IP CARE	5	0		.00		.00	.000		.00		.00
LEV B-REGULAR	474	10,288		1,334,072.53		129.67	.028		2814.50		3.57
@INTERMEDIATE CARE FACILDD	0 0 5 0 474 0	10,200	\$	1,334,072.53	\$.00	.028	Ġ	.00	4	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDM/DDCN	0 0 0 422 7 415	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	422	6,900	\$	495,616.09	\$	71.83	.018	4	1174.45	d	1.33
@HEMODIALISIS IOIAL	422		Ş		Ş					Ş	
HOSPITAL BASED	/	190		94,597.88		497.88	.001		13513.98		. 25
HEMODIALYSIS CENTER	415	6,710		401,018.21	4	59.76	.018		966.31	4	1.07
@REHABILITATION FACILITY	142	954	\$	23,491.30	\$.003	Ş	165.43	Ş	.06
HOSPITAL BASED	94	346		11,479.88		33.18	.001		122.13		.03
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	50	608	_	12,011.42		19.76	.002	_	240.23		.03
@LABORATORY FACILITY	14,585	49,628	\$	675,982.99	\$.133	Ş	46.35	Ş	1.81
PATHOLOGY	14,476	49,466		673,428.89		13.61	.132		46.52		1.80
NO AND OTHERS	113	162		2,554.10		15.77	.000		22.21		.01
@ORGANIZED OUTPATIENT CLINIC	43,992	75,509		6,625,079.08	\$.202	\$	150.60	\$	17.75
CLINIC	3,535 1,360 7 39,901	12,610		283,738.54		22.50	.034		80.27		.76
SURGICENTER	1,360	4,373		175,091.83		40.04	.012		128.74		.47
HEROIN DETOX CLINIC	7	80		858.12		10.73	.000		122.59		.00
RURAL HEALTH CLINIC	39,901	58,446		6,165,390.59		105.49	.157		154.52		16.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		URES 1	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	PF	AGE 7,472
	FEE-FOR-SERVICE										01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MN -	NO SO	C - TOTAL							
							M				
373,343 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
	40 0-0										

373,343 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	18,253	194,799 \$	1,621,421.25	\$ 8.32	.522 \$	88.83	\$ 4.34
DURABLE MED. EQUIP.	411	1,176	147,020.16	125.02	.003	357.71	.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	181	336	71,751.62	213.55	.001	396.42	.19
MEDICAL TRANSPORTATION	1,857	52,861	510,436.05	9.66	.142	274.87	1.37
AMBULANCES/AIR TRANS	1,562	23,574	276,923.57	11.75	.063	177.29	.74
OTHER TRANS	266	28,873	108,580.32	3.76	.077	408.20	.29
OTHER SERVICES	104	414	124,932.16	301.77	.001	1201.27	.33
ACUPUNCTURE	96	200	3,776.40	18.88	.001	39.34	.01
ADULT DAY HEALTH CARE CTR	72	954	66,244.44	69.44	.003	920.06	.18
GENETIC DISEASE TESTING	699	701	72,407.25	103.29	.002	103.59	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	143	546	50,820.50	93.08	.001	355.39	.14
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,167	9,619	108,968.43	11.33	.026	26.15	.29
PHYSICAL THERAPIST	2	7	325.27	46.47	.000	162.64	.00
PORTABLE X-RAY	4	6	4.70	.78	.000	1.18	.00
PROSTHETIST/ORTHOTISTS	549	1,042	66,739.37	64.05	.003	121.57	.18

PROSTHETICS	323	770	49,164.24	63.85	.002	152.21	.13
ORTHOTICS	240	272	17,575.13	64.61	.001	73.23	.05
PSYCHOLOGIST	4	27	1,439.45	53.31	.000	359.86	.00
SPEECH AND AUDIOLOGY	169	386	23,794.41	61.64	.001	140.80	.06
HOSPICE SERVICES	34	820	86,195.67	105.12	.002	2535.17	.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,118	32,780	316,561.11	9.66	.088	34.72	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,288	93,338	94,936.42	1.02	.250	73.71	.25
@CALIF. CHILDREN SERVICES*	1,653	16,627	\$ 4,457,816.86	\$ 268.11	.045	\$ 2696.80	\$ 11.94
@XOVER EXCLUDING STATE HOSP**	5,272	43,180	\$ 813,936.67	\$ 18.85	.116	\$ 154.39	\$ 2.18

PAGE 7,473

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

MERCED COUNTY	SUMMARY OF SER	VICES FOR MN - SOC - A	GED	AID CODE 17			
					MONT	HLY AVERAG	E
254 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	322	8,242 \$	297,831.13	\$ 36.14	32.449 \$	924.94	\$ 1172.56
@PHYSICIANS SERVICES	75	322 \$	4,396.42	\$ 13.65	1.268 \$	58.62	\$ 17.31
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.008	46.44	.37
EXAMINATIONS	2	2	92.88	46.44	.008	46.44	.37
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	29.16	14.58	.008	29.16	.11
RADIOLOGY	3	4	28.40	7.10	.016	9.47	.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	70	314	4,245.98	13.52	1.236	60.66	16.72
@PHARMACY	176	1,303 \$		\$ 45.38	5.130 \$	336.00	
PRESCRIPTION DRUGS	170	869	58,734.42	67.59	3.421	345.50	231.24
SNF/ICF	63	419	20,719.31	49.45	1.650	328.88	81.57
OUTPATIENTS	113	450	38,015.11	84.48	1.772	336.42	149.67
MEDICAL SUPPLIES	12	434	402.20	.93	1.709	33.52	1.58
@DENTIST	17	81 \$	3,635.86	\$ 44.89	.319 \$	213.87	
VISITS - DIAGNOSTIC	14	42	561.49	13.37	.165	40.11	2.21
ORAL SURGERY	4	8	295.00	36.88	.031	73.75	1.16

	•	•	0.0	0.0	0.00	0.0	0.0
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	į.	1	.00	.00	.004	.00	.00
RESTORATIVE DENTISTRY	5	14	1,049.37	74.96	.055	209.87	4.13
PROSTHETICS	Ţ	1	50.00	50.00		50.00	. 20
DENTURES, STAYPLATES	3	14	1,680.00	120.00	.055	560.00	6.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	•	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC	2 2003	PAGE 7,474
MOP024 MERCED COUNTY	FEE-FOR-SERVICE	I/DENTAL ICES FOR MN - SOC	ACED	AID CODE 17	1 v		01/29/04
MERCED COUNTY	SUMMARI OF SERV	ICES FOR MIN - SOC	- AGED	AID CODE 17		THLY AVERAGE	2
254 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
231 111011110	OBLIG	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	3	10 \$	189.52	\$ 18.95	.039 \$	63.17 \$	
DIAGNOSTIC AND ANC. PROCED	1	1	43.77	43.77	.004	43.77	.17
EYE APPLIANCES	3	9	145.75	16.19	.035	48.58	.57
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	8 \$		\$ 3.05	.031 \$.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	8	24.36	3.05	.031	4.06	.10
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$	
FAMILY NURSE PRACTITIONER	1	1 \$		\$ 27.50	.004 \$	27.50	
@TOTAL HOSPITAL	29	168 \$	2,321.48CR		.661 \$	80.05CR\$	
HOSP INPATIENT TOTAL	9	46	3,907.50CR		.181	434.17CR	15.38CR
HSC HOSPITALS	0	11CR	10,065.00CR		.043CR	.00	39.63CR
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00			.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	9	57		.00			
INPATIENT CROSSOVERS ALL OTHER INPATIENT	9	5 /	6,157.50 .00	108.03	.224	684.17 .00	24.24 .00
HOSP OUTPATIENT TOTAL	20	122	1,586.02	13.00	.480	.00 79.30	6.24
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	20.14	20.14	.004	20.14	.08
RADIOLOGY	1	<u>+</u> 1	24.25	24.25	.004	24.25	.10
ROOM USE	1	1	.00	.00	.004	.00	.00
CDOCCOVEDC / ALL OWN CHEDWAY	_	110	1 541 63	10.05	460	00.60	6.07

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@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

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ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 7,475
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MN - SOC -	- AGED	AID CODE 17	7 1Y		
					MON	THLY AVERAG	E
254 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			DFE	י וואודיי/המע	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	179	\$	7,743.52	\$	43.26	.705		267.02		30.49
COMM HOSP INPATIENT TOTAL	9	57	Ÿ	6,157.50	Ų	108.03	.224	Ÿ	684.17	Ÿ	24.24
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
ACCOMMODATIONS	0	0					.000				
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	57		6,157.50		108.03	.224		684.17		24.24
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	20	122		1,586.02		13.00	.480		79.30		6.24
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		20.14		20.14	.004		20.14		.08
RADIOLOGY	1	1		24.25		24.25	.004		24.25		.10
ROOM USE	1	1		.00		.00	.004		.00		.00
CROSSOVERS/ALL OTH OUTPINT	17	119		1,541.63		12.95	.469		90.68		6.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	•	.00	.000	·	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	83	2,013	\$	212,284.73	\$	105.46	7.925	\$	2557.65	\$	835.77
LEV A-INTERMEDIATE	0	2,010	Ψ	.00	Υ	.00	.000	Τ.	.00	τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	83	2,013		212,284.73		105.46	7.925		2557.65		835.77
@INTERMEDIATE CARE FACILDD	0	2,013	\$		\$			\$.00	\$.00
	0		Ą	.00	Ą	.00	.000	Ą		Ą	
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	•		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	8	9	\$	3,221.49	\$	357.94	.035	\$	402.69	\$	12.68
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	8	9		3,221.49		357.94	.035		402.69		12.68
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	8	\$	18.18	\$	2.27	.031	\$	18.18	\$.07
PATHOLOGY	1	8		18.18		2.27	.031		18.18		.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	24	34	\$	2,254.25	\$	66.30	.134	\$	93.93	\$	8.88
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	5	5		415.83		83.17	.020		83.17		1.64
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	29		1,838.42		63.39	.114		96.76		7.24
#CALIF DEPT OF HEALTH SERV			ES N	MONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 7,476
MOP024	FEE-FOR-SERVICE			1011111 01 1111111111111111111111111111		1011 0111			2005		01/29/04
MERCED COUNTY		ICES FOR MN - SO	c -	AGED	ΔΤ	D CODE 17	1 V				01/20/01
MERCED COOMIT	BOHMMET OF BLICK	TELB TOR PHV BO	C	71000	711	D CODE IT	M	ONT	HIV VALED	GE	
254 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17	PACE COST	UNITS/DAY				COST PER
ZO4 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	53		\$	14,963.68	\$	3.49	16.870		282.33		58.91
	2		Ą		Ą	40.28		Ą	40.28	Ą	.32
DURABLE MED. EQUIP.		2		80.55		.00	.008				
BLOOD BANK	0			.00			.000		.00		.00
HEARING AID DISPENSERS	3	4 160		2,165.58		541.40	.016		721.86		8.53
MEDICAL TRANSPORTATION	19	4,162		9,954.36		2.39	16.386		523.91		39.19
AMBULANCES/AIR TRANS	8	138		1,418.84		10.28	.543		177.36		5.59
OTHER TRANS	10	4,016		8,505.48		2.12	15.811		850.55		33.49

	_	_						
OTHER SERVICES	2	8		30.04	3.76	.031	15.02	.12
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	10	24		285.23	11.88	.094	28.52	1.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5		205.34	41.07	.020	102.67	.81
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	88		2,272.62	25.83	.346	126.26	8.95
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	145	583	\$	38,769.99	\$ 66.50	2.295	\$ 267.38	\$ 152.64
⊕★ MOMAIC IN MURCE IINEC ADE CIVI	משעמעמט ע טע זענ	TATE ODATA ELLONT	TENTA ONTE SZ •					

PAGE 7,477

01/29/04

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----10 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 73 429.08 \$ @TOTAL, ALL PROVIDERS 11 4,719.83 64.66 7.300 \$ @PHYSICIANS SERVICES 2 185.78 46.45 .400 \$ 92.89 \$ 18.58 OUTPATIENT VISITS 0 .00 .00 .000 .00 0 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .00 CRITICAL CARE .000 .00 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 185.78 .400 OPHTHALMOLOGICAL SERVICES 46.45 92.89 18.58 185.78 46.45 92.89 EXAMINATIONS .400 18.58 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 0 PATHOLOGY .00 .00 .000 .00 .00 .00 .00 RADIOLOGY 0 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	11	47	\$	3,673.49	\$	78.16	4.700	\$ 333.95	\$	367.35
PRESCRIPTION DRUGS	11	47		3,673.49		78.16	4.700	333.95		367.35
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	11	47		3,673.49		78.16	4.700	333.95		367.35
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MON	TH-OF-PAYMENT R	EPORT	' FOR JAN 2	2003 THRU I	DEC 2003	PAG	
MOP024	FEE-FOR-SERVICE/DENTA								1	01/29/04
MERCED COUNTY	SUMMARY OF SERVICES F	OR MN - SOC	- BL	IND		AID CODE				
10								ONTHLY AVERA	_	
10 ELIGIBLES		OF SERVICE		EXPENDITURES			UNITS/DAYS			ST PER
o o Demonstrato T. Gen	OR L	AYS OF CARE	4	60.06	PER	UNIT/DAY	PER ELIG	USER		IGIBLE
@OPTOMETRIST	2	5	Ş	62.96	Ş	12.59	.500	\$ 31.48	\$	6.30

						Mo	TNC	HLY AVERA	GΕ	
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	5	\$ 62.96	\$	12.59	.500	\$	31.48	\$	6.30
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	1	3	53.11		17.70	.300		53.11		5.31
OTHER OPTOMETRIC SERVICES	1	2	9.85		4.93	.200		9.85		.99
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00

DIDIOLOGY.	0	0	0.0	2.2	0.00	0.0	2.2
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES N	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 7,479
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	/ICES FOR MN - SOC -	BLIND	AID CODE	27		
					MON'	THLY AVERA	GE
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

	0.0.0.0	OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	_	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 2 7 \$ 13.61 \$ 1.94 .700 \$ 6.81 \$	1.36
PATHOLOGY 2 7 13.61 1.94 .700 6.81	1.36
XO AND OTHERS 0 0 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 5 7 \$ 750.74 \$ 107.25 .700 \$ 150.15 \$	75.07
CLINIC 0 0 .00 .00 .00 .00 .00	.00
SURGICENTER 0 0 0 .00 .00 .00 .00	.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00
RURAL HEALTH CLINIC 5 7 750.74 107.25 .700 150.15	75.07
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE	7,480
MOP024 FEE-FOR-SERVICE/DENTAL 0	1/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27	

10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	3 \$	33.25	\$ 11.08	.300 \$	16.63	3.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	3	33.25	11.08	.300	16.63	3.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	2 \$	9.85	\$ 4.93	.200 \$	9.85 \$.99

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,481
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

HERCED COUNTY	DOMINIOU OF DEEK	VICED FOR THE BOC	ב	101101110 1110	CODED 03 07 0W	01			
						MOI	NTHLY AVERA	AGE ·	
149 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	199	2,400 \$		176,543.30	\$ 73.56	16.107	\$ 887.15	\$	1184.85
@PHYSICIANS SERVICES	79	652 \$		20,409.41	\$ 31.30	4.376	\$ 258.35	\$	136.98
OUTPATIENT VISITS	14	31		1,054.19	34.01	.208	75.30		7.08
OFFICE VISITS	7	16		317.97	19.87	.107	45.42		2.13
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	8	10		550.46	55.05	.067	68.81		3.69
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	3	5		185.76	37.15	.034	61.92		1.25
INPATIENT VISITS	10	83		2,984.72	35.96	.557	298.47		20.03
HOSPITAL VISITS	10	83		2,984.72	35.96	.557	298.47		20.03
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	27		1,143.49	42.35	.181	228.70		7.67
PRINCIPAL SURGEON	4	4		766.20	191.55	.027	191.55		5.14

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	23		377.29		16.40	.154		188.65		2.53
OUTPATIENT SURGERY	6	10		432.98		43.30	.067		72.16		2.91
	0										
PRINCIPAL SURGEON	5	7		327.62		46.80	.047		65.52		2.20
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	3		105.36		35.12	.020		105.36		.71
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	17		167.19		9.83	.114		41.80		1.12
RADIOLOGY	22	80		4,763.74		59.55	.537		216.53		31.97
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	234		7,383.18		31.55	1.570		1845.80		49.55
OTHER SERVICES/ALL X-OVERS	52	170		2,479.92		14.59	1.141		47.69		16.64
@PHARMACY	109	1,079	\$	63,903.82	\$	59.23	7.242	\$	586.27	\$	428.88
PRESCRIPTION DRUGS	103	503		59,497.36		118.29	3.376		577.64		399.31
SNF/ICF	2	12		1,092.89		91.07	.081		546.45		7.33
OUTPATIENTS	102	491		58,404.47		118.95	3.295		572.59		391.98
	14	576		•		7.65	3.866		314.75		29.57
MEDICAL SUPPLIES			_	4,406.46				_			
@DENTIST	6	27	\$	1,138.00	\$	42.15	.181	Ş	189.67	Ş	7.64
VISITS - DIAGNOSTIC	5	16		40.00		2.50	.107		8.00		.27
ORAL SURGERY	2	9		726.00		80.67	.060		363.00		4.87
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	Ö		.00		.00	.000		.00		.00
	0	0									
ENDODONTICS	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		372.00		186.00	.013		372.00		2.50
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Ô	0		.00		.00	.000		.00		.00
	0	0				.00			.00		.00
ORTHODONTIC SERVICES	0	0		.00			.000				
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVI	0 CES AND EXPENDITUR	ES N	.00	EPOR'	.00	.000	DEC	.00	P	.00 AGE 7,482
ALL OTHER SERVICES	0	0 CES AND EXPENDITUR	ES N	.00	EPOR'	.00	.000	DEC	.00	ΡŻ	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITUR		.00 MONTH-OF-PAYMENT RI		.00	.000 2003 THRU	DEC	.00	ΡŻ	.00 AGE 7,482
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITUR E/DENTAL		.00 MONTH-OF-PAYMENT RI		.00 T FOR JAN	.000 2003 THRU 6Y		.00		.00 AGE 7,482
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	0 CES AND EXPENDITUR! E/DENTAL VICES FOR MN - SOO	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (CODE	.00 I FOR JAN S 65 67 6W	.000 2003 THRU 6Y	TNOI	.00 C 2003 THLY AVERA	GE -	.00 AGE 7,482 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE	C -	.00 MONTH-OF-PAYMENT RI	CODE:	.00 I FOR JAN S 65 67 6W ERAGE COST	.000 2003 THRU 6Y M UNITS/DAY	IONT	.00 2 2003 THLY AVERA COST PER	GE -	.00 AGE 7,482 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES	CODE: AV: PE:	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY	.000 2003 THRU 6Y M UNITS/DAY PER ELIG	IONT	.00 2 2003 THLY AVERA COST PER USER	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38	CODE:	.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067	IONT	.00 2 2003 THLY AVERA COST PER USER 40.28	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90	CODE: AV: PE:	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013	IONT	.00 C 2003 THLY AVERA COST PER USER 40.28 47.45	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	O CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 2 6	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22	CODE: AV: PE:	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040	IONT	.00 2 2003 THLY AVERA COST PER USER 40.28 47.45 53.11	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 2	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26	CODE: AV: PE:	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013	IONT S \$ \$.00 C 2003 CHLY AVERA COST PER USER 40.28 47.45 53.11 .26	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	O CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 2 6	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22	CODE: AV: PE:	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040	IONT S \$ \$.00 2 2003 THLY AVERA COST PER USER 40.28 47.45 53.11	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 2	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00	AV: PE: \$.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013	IONT S \$ \$.00 C 2003 CHLY AVERA COST PER USER 40.28 47.45 53.11 .26 .00	GE - (I \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00	AV: PE: \$.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000	IONT S \$ \$.00 C 2003 CHLY AVERA COST PER USER 40.28 47.45 53.11 .26 .00	GE - (I \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00	AV: PE: \$.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000	MONT S \$ \$ \$.00 C 2003 CHLY AVERA COST PER USER 40.28 47.45 53.11 .26 .00 .00	GE - (; \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 2	C -	.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .00 1.41	AV: PE: \$.00 T FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000	MONT S \$ \$ \$.00 C 2003 CHLY AVERA COST PER USER 40.28 47.45 53.11 .26 .00 .00 .00	GE - (; \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 0 2 2 0 0 0 0 0 0 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .00 1.41 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000	MONT S \$ \$ \$.00 C 2003 C 200	GE - (; \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5 2 2 1 0 0 0 1 0 0	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 0 2 2 0 0 0 0 0 0 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .1.41 .00 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .71 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000	MONT S \$ \$ \$.00 C 2003 C 200	GE - (; \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 2 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .1.41 .00 .00 .00 .00 .00 .00	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000	MONT S \$ \$ \$.00 C 2003 CHLY AVERA COST PER 40.28 47.45 53.11 .26 .00 .00 .00	GE - (; \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5 2 2 1 0 0 0 1 0 0	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 0 2 2 0 0 0 0 0 0 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 1.41 .00 .00 .00 .00 1.41	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .71 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000	MONT S \$ \$ \$.00 C 2003 C 200	GE - (; \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5 2 2 1 0 0 0 1 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 2 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 1.41 .00 .00 .00 .00 1.41	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000	MONT S \$ \$ \$.00 C 2003 CHLY AVERA COST PER 40.28 47.45 53.11 .26 .00 .00 .00	GE - (; \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5 2 2 1 0 0 0 1 0 0 1	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 2 0 0 2 2 0 0 2 2 2 4	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 1.41 .00 .00 .00 1.41 1,730.63	AV: PE: \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71 .00 .00 .71 72.11	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000 .000 .013 .000	MONT	.00 C 2003 CHLY AVERA COST PER USER 40.28 47.45 53.11 .26 .00 .00 .00 .00 .00 .00 .00	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .01 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5 2 2 1 0 0 0 1 0 0 1 5	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 2 2 0 0 0 0 2 2 2 4 0 0 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 1.41 .00 .00 1.41 1,730.63 .00	AV: PE: \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .71 .00 .00 .71 72.11 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000 .000 .013 .000 .000	MONT	.00 C 2003 CHLY AVERA COST PER 40.28 47.45 53.11 .26 .00 .00 .00 .00 .00 .00 .00 .1.41 .00 .00 .00 .00	GE - (; \$.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .01 .00 .00 .11 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5 2 2 1 0 0 0 1 0 1 5 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 2 0 0 2 2 4 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 1.41 .00 .00 .00 1.41 1,730.63 .00 .00 .00	AV: PE: \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000 .000 .013 .161 .000 .000	MONT SS S S S S S	.00 C 2003 CHLY AVERA COST PER USER 40.28 47.45 53.11 .26 .00 .00 .00 .00 .00 .1.41 .00 .00 .00 .00 .00 .00	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .01 .11.61 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5 2 2 1 0 0 0 1 0 1 5 0 0 0 0 1 5 0 0 0 0 0 0	OCES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 10 2 6 6 2 0 0 0 0 2 2 0 0 0 0 0 2 2 2 4 0 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 1.41 .00 .00 .00 1.41 1,730.63 .00 .00 .00 .00 .00 .00 .00 .00	AV: PE: \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000 .000 .013 .000 .000	MONT	.00 C 2003 CHLY AVERA COST PER USER 40.28 47.45 53.11 .26 .00 .00 .00 .00 .1.41 .00 .00 .00 .1.41 .00 .00 .00 .00	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .01 .00 .00 .01 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 5 2 2 1 0 0 0 1 0 0 1 5 0 0 0 0 1 5 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 2 2 0 0 0 2 2 4 0 0 0 0 0 0 0	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .141 .00 .00 .00 .141 1,730.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV: PE: \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71 .00 .00 .71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000 .000 .013 .000 .000	MONT SS SS SS SS SS SS SS SS SS SS SS SS SS	.00 C 2003 C 2003 C 2003 C 2003 C 2003 C 2004 C 200	E	.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .01 .00 .00 .01 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 5 2 2 1 0 0 0 0 1 5 0 0 0 1 5 0 0 39	CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 2 2 24 0 0 0 0 425	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .00 1.41 .00 .00 .00 1.41 1,730.63 .00 .00 .00 .00 80,506.50	AV: PE: \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000 .000 .013 .161 .000 .000 .000 .000 .000 .000 .000	MONT SS S S S S S	.00 C 2003 C 2003 C 2003 C 2003 C 2003 C 2003 C 2004 C 200	GE - (.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .01 .00 .00 .01 .11.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 0 0 0 0 1 0 0 1 5 0 0 0 1 5 0 0 39 8	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 2 2 24 0 0 0 0 425 76	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .1.41 .00 .00 .00 .1.41 1,730.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV: PE: \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71 .00 .00 .71 72.11 .00 .00 .00 .00 .00 .00 .11 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000 .000 .013 .161 .000 .000 .000 .000 .000 .000 .000	MONT TS \$ \$ \$ \$ \$ \$ \$ \$ \$.00 C 2003 C 2003 C 2003 C 2003 C 2003 C 2003 C 2004 C 2003 C 2004 C 200	E	.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .01 .11.61 .00 .00 .00 .00 .00 .00 .00 .00 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 0 0 0 0 1 0 0 1 5 0 0 0 1 5 0 0 39 8 6	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 2 2 24 0 0 0 0 425 76 58	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .00 1.41 .00 .00 .00 .141 1,730.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71 .00 .00 .71 72.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .013 .000 .013 .161 .000 .000 .000 .000 .000 .000 .000	MONT TS \$ \$ \$ \$ \$ \$ \$ \$ \$.00 C 2003 CHLY AVERA COST PER 40.28 47.45 53.11 .26 .00 .00 .00 1.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .01 .11.61 .00 .00 .00 .00 .00 .00 .01 11.61 .00 .00 .00 .00 .01 .00 .00 .01 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 0 0 0 0 1 0 0 1 5 0 0 0 1 5 0 0 39 8	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 2 2 24 0 0 0 0 425 76	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .1.41 .00 .00 .00 .1.41 1,730.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71 .00 .00 .71 72.11 .00 .00 .00 .00 .00 .00 .11 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .000 .013 .000 .000 .013 .161 .000 .000 .000 .000 .000 .000 .000	MONT TS \$ \$ \$ \$ \$ \$ \$ \$ \$.00 C 2003 C 2003 C 2003 C 2003 C 2003 C 2003 C 2004 C 2003 C 2004 C 200	E	.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .01 .11.61 .00 .00 .00 .00 .00 .00 .00 .00 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 0 0 0 0 1 0 0 1 5 0 0 0 1 5 0 0 39 8 6	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - SOO UNITS OF SERVICE OR DAYS OF CARE 10 2 6 2 0 0 0 0 2 2 24 0 0 0 0 425 76 58	C - \$.00 MONTH-OF-PAYMENT RI DISABLED AID (EXPENDITURES 201.38 94.90 106.22 .26 .00 .00 .00 .00 1.41 .00 .00 .00 .141 1,730.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV: PE: \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 20.14 47.45 17.70 .13 .00 .00 .00 .71 .00 .00 .71 72.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .067 .013 .040 .013 .000 .000 .013 .000 .013 .161 .000 .000 .000 .000 .000 .000 .000	MONT TS \$ \$ \$ \$ \$ \$ \$ \$ \$.00 C 2003 CHLY AVERA COST PER 40.28 47.45 53.11 .26 .00 .00 .00 1.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	.00 AGE 7,482 01/29/04 COST PER ELIGIBLE 1.35 .64 .71 .00 .00 .00 .00 .01 .11.61 .00 .00 .00 .00 .00 .00 .01 .11.61 .00 .00 .00 .00 .01 .00 .00 .01 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0						
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	18	1,098.70	61.04	.121	549.35	7.37
	2						
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33	349	10,370.89	29.72	2.342	314.27	69.60
MEDICAL	12	24	819.20	34.13	.161	68.27	5.50
	2						
SURGERY		2	88.88	44.44	.013	44.44	.60
PATHOLOGY	14	89	776.46	8.72	.597	55.46	5.21
RADIOLOGY	14	107	6,540.76	61.13	.718	467.20	43.90
ROOM USE	15	24	941.03	39.21	.161	62.74	6.32
CROSSOVERS/ALL OTH OUTPTNT	17	103	1,204.56	11.69	.691	70.86	8.08
@COUNTY HOSPITAL TOTAL	4	30 \$	28,506.70	\$ 950.22	.201	\$ 7126.68	\$ 191.32
CO HOSPITAL INPATIENT TOTAL	1	21	28,392.00	1352.00	.141	28392.00	190.55
	1	21					
HSC HOSPITALS	į.		28,392.00	1352.00	.141	28392.00	190.55
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	Ü	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	Ü	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	9	114.70	12.74	.060	38.23	.77
MEDICAL	3	5	56.03	11.21	.034	18.68	.38
SURGERY	0	n n	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	1	۷	15.23	7.62	.013	15.23	.10
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.69	35.69	.007	35.69	.24
	_						
CROSSOVERS/ALL OTH OUTDING	1	1	7 75	./ ./ 5	007	7 75	0.5
CROSSOVERS/ALL OTH OUTPTNT	MEDI CAI CEDUIC	THE AND EXPENDED TO MAKE	7.75	7.75	.007	7.75	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MOI					PAGE 7,483
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MON E/DENTAL	NTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU D		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MOI	NTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU D		PAGE 7,483
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MON E/DENTAL	NTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 7,483 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURES MOI E/DENTAL VICES FOR MN - SOC - D	NTH-OF-PAYMENT RI	EPORT FOR JAN CODES 65 67 6W	2003 THRU D 6Y MO	EC 2003 NTHLY AVERA	PAGE 7,483 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MODELL E/DENTAL VICES FOR MN - SOC - DI UNITS OF SERVICE	NTH-OF-PAYMENT RI	EPORT FOR JAN CODES 65 67 6W AVERAGE COST	2003 THRU D 6Y MO UNITS/DAYS	EC 2003 NTHLY AVERA COST PER	PAGE 7,483 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL/DENTAL VICES FOR MN - SOC - DE UNITS OF SERVICE OR DAYS OF CARE	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY	6Y MOI UNITS/DAYS PER ELIG	EC 2003 NTHLY AVERA COST PER USER	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 35	CES AND EXPENDITURES MODELL E/DENTAL VICES FOR MN - SOC - DI UNITS OF SERVICE	NTH-OF-PAYMENT RI	EPORT FOR JAN CODES 65 67 6W AVERAGE COST	6Y MOI UNITS/DAYS PER ELIG	EC 2003 NTHLY AVERA COST PER	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 35	CES AND EXPENDITURES MODEL/DENTAL VICES FOR MN - SOC - DE UNITS OF SERVICE OR DAYS OF CARE 395 \$	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65	6Y MO UNITS/DAYS PER ELIG 2.651	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL/DENTAL VICES FOR MN - SOC - DE UNITS OF SERVICE OR DAYS OF CARE 395 \$ 55	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97	6Y MO UNITS/DAYS PER ELIG 2.651 .369	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 35	CES AND EXPENDITURES MODEL/DENTAL VICES FOR MN - SOC - DEVICE UNITS OF SERVICE OR DAYS OF CARE 395 \$ 55 37	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51	6Y MO: UNITS/DAYS PER ELIG 2.651 .369 .248	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 35	CES AND EXPENDITURES MODEL/DENTAL VICES FOR MN - SOC - DEVICE OR DAYS OF CARE 395 \$ 55 37 0	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00	6Y MO: UNITS/DAYS PER ELIG 2.651 .369 .248 .000	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 35	CES AND EXPENDITURES MODE/DENTAL VICES FOR MN - SOC - DE UNITS OF SERVICE OR DAYS OF CARE 395 \$ 55 37 0	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51	6Y MO: UNITS/DAYS PER ELIG 2.651 .369 .248	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78
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#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 35	CES AND EXPENDITURES MODE/DENTAL VICES FOR MN - SOC - DE UNITS OF SERVICE OR DAYS OF CARE 395 \$ 55 37 0 0 0	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00 .00 .00 .00	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00 .00 .00 .00	6Y MO UNITS/DAYS PER ELIG 2.651 .369 .248 .000 .000 .000	NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00 .00 .00 .00	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00 .00 .00
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#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 35 7 5 0 0 0 0 0 2 2 0 30 9	CES AND EXPENDITURES MODE/DENTAL VICES FOR MN - SOC - DEVICE OR DAYS OF CARE 395 \$ 55 37 0 0 0 0 18 0 340 19	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	6Y MO: UNITS/DAYS PER ELIG 2.651 .369 .248 .000 .000 .000 .000 .000 .121 .000 2.282 .128	NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00 .00 .00 .00 .00 .00 .00 .00 .341.87 84.80	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00 .00 .00 .00 .00 .00 .00 .0
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#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 35 7 5 0 0 0 0 0 2 0 30 9 2 13 14	CES AND EXPENDITURES MODE/DENTAL VICES FOR MN - SOC - DEVICE OR DAYS OF CARE 395 \$ 55 37 0 0 0 0 0 18 0 340 19 2 87 107	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00 .00 .00 .00 .00 .00 .00 .104 .00 30.17 40.17 44.44 8.75 61.13	6Y MO UNITS/DAYS PER ELIG 2.651 .369 .248 .000 .000 .000 .000 .000 .000 .121 .000 .2282 .128 .013 .584 .718	NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00 .00 .00 .00 .00 .00 .00 .00 .41.87 84.80 44.44 58.56 467.20	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 35 7 5 0 0 0 0 0 2 0 30 9 2 13 14 14	CES AND EXPENDITURES MODE/DENTAL VICES FOR MN - SOC - DEVICE OR DAYS OF CARE 395 \$ 55 37 0 0 0 0 18 0 340 19 2 87 107 23 102	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00 .00 .00 .00 .00 .00 .00 1,098.70 .00 10,256.19 763.17 88.88 761.23 6,540.76 905.34 1,196.81	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .10 .00 .10 .1	6Y MOI UNITS/DAYS PER ELIG 2.651 .369 .248 .000 .000 .000 .000 .000 .000 .2282 .128 .013 .584 .718 .154 .685	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00 .00 .00 .00 .00 .00 .00 .00 .44.87 84.80 44.44 58.56 467.20 64.67 74.80	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 35 7 5 0 0 0 0 0 2 0 30 9 2 13 14 14 16 0	CES AND EXPENDITURES MODE/DENTAL VICES FOR MN - SOC - DEVICE OR DAYS OF CARE 395 \$ 55 37 0 0 0 0 18 0 340 19 2 87 107 23 102 0 \$	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00 .00 .00 .00 .00 .00 .00 .00 .104 .00 30.17 40.17 44.44 8.75 61.13 39.36 11.73 \$.00	6Y MOI UNITS/DAYS PER ELIG 2.651 369 .248 .000 .000 .000 .000 .000 .000 .121 .000 2.282 .128 .013 .584 .718 .154 .685 .000	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00 .00 .00 .00 .00 .00 .00 .00 .49.35 .00 341.87 84.80 44.44 58.56 467.20 64.67 74.80 \$.00	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .100 .00 .
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 35 7 5 0 0 0 0 0 2 0 2 0 30 9 2 13 14 14 16 0 0	CES AND EXPENDITURES MODEL/DENTAL VICES FOR MN - SOC - DEVICE OR DAYS OF CARE 395 \$ 55 37 0 0 0 0 0 18 0 340 19 2 87 107 23 102 0 \$ 0 \$	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00 .00 .00 .00 .00 .00 .00 1,098.70 .00 10,256.19 763.17 88.88 761.23 6,540.76 905.34 1,196.81 .00 .00	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00 .00 .00 .00 .00 .00 .00 .00 .01 40.17 44.44 8.75 61.13 39.36 11.73 \$.00 .00	6Y MO: UNITS/DAYS PER ELIG 2.651 .369 .248 .000 .000 .000 .000 .000 .000 .121 .000 2.282 .128 .013 .584 .718 .154 .685 .000 .000	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00 .00 .00 .00 .00 .00 .00 .00 .00 .49.35 .00 341.87 84.80 44.44 58.56 467.20 64.67 74.80 \$.00 .00	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	CES AND EXPENDITURES MODE/DENTAL VICES FOR MN - SOC - DEVICE OR DAYS OF CARE 395 \$ 55 37 0 0 0 0 0 18 0 340 19 2 87 107 23 102 0 0 0 0 0 0	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00 .00 .00 .00 .00 .00 .00 .00 .104 .00 30.17 40.17 44.44 8.75 61.13 39.36 11.73 \$.00 .00 .00 .00	6Y MO UNITS/DAYS PER ELIG 2.651 .369 .248 .000 .000 .000 .000 .000 .121 .000 2.282 .128 .013 .584 .718 .154 .685 .000 .000 .000	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00 .00 .00 .00 .00 .00 .00 .00 .49.35 .00 341.87 84.80 44.44 58.56 467.20 64.67 74.80 \$.00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADDIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 35 7 5 0 0 0 0 0 0 2 2 0 30 9 2 13 14 14 16 0 0 0 0 1	ES AND EXPENDITURES MODE/DENTAL VICES FOR MN - SOC - DEVICE OR DAYS OF CARE 395 \$ 55 37 0 0 0 0 0 18 0 340 19 2 87 107 23 102 0 \$ 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00 .00 .00 .00 .00 .00 .00 .00 .104 .00 .00 .00 .00 .017 .00 .17 .44.44 .8.75 .61.13 .39.36 .11.73 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	6Y MO UNITS/DAYS PER ELIG 2.651 .369 .248 .000 .000 .000 .000 .000 .121 .000 2.282 .128 .013 .584 .718 .154 .685 .000 .000 .000 .000 .000 .000 .000	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00 .00 .00 .00 .00 .00 .00 .00 .49.35 .00 341.87 84.80 44.44 58.56 467.20 64.67 74.80 \$.00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 149 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	CES AND EXPENDITURES MODE/DENTAL VICES FOR MN - SOC - DEVICE OR DAYS OF CARE 395 \$ 55 37 0 0 0 0 0 18 0 340 19 2 87 107 23 102 0 0 0 0 0 0	NTH-OF-PAYMENT RI ISABLED AID (EXPENDITURES 51,999.80 41,743.61 40,644.91 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 131.65 758.97 1098.51 .00 .00 .00 .00 .00 .00 .00 .00 .104 .00 30.17 40.17 44.44 8.75 61.13 39.36 11.73 \$.00 .00 .00 .00	6Y MO UNITS/DAYS PER ELIG 2.651 .369 .248 .000 .000 .000 .000 .000 .121 .000 2.282 .128 .013 .584 .718 .154 .685 .000 .000 .000	EC 2003 NTHLY AVERA COST PER USER \$ 1485.71 5963.37 8128.98 .00 .00 .00 .00 .00 .00 .00 .00 .49.35 .00 341.87 84.80 44.44 58.56 467.20 64.67 74.80 \$.00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 7,483 01/29/04 GE COST PER ELIGIBLE \$ 348.99 280.16 272.78 .00 .00 .00 .00 .00 .00 .00 .0

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SERVICES AND EXPENDITURES ### SERVICE SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAYS OF SERVICE
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#CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y MONTHLY AVERAGE MONTHLY AVERAGE MONTHLY AVERAGE MONTHLY AVERAGE MONTHLY AVERAGE MONTHLY AVERAGE
MOP024 SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y MONTHLY AVERAGE
MERCED COUNTY
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@ALL OTHER PROVIDERS 21 86 \$ 1,401.96 \$ 16.30 .577 \$ 66.76 \$ DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 .00 BLOOD BANK 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 0 0 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION 8 64 1,068.59 16.70 .430 133.57 AMBULANCES/AIR TRANS 6 50 1,004.83 20.10 .336 167.47 OTHER TRANS 2 14 63.76 4.55 .094 31.88 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00
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HEARING AID DISPENSERS 0 0 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION 8 64 1,068.59 16.70 .430 133.57 AMBULANCES/AIR TRANS 6 50 1,004.83 20.10 .336 167.47 OTHER TRANS 2 14 63.76 4.55 .094 31.88 OTHER SERVICES 0 0 .00 .00 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00
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AMBULANCES/AIR TRANS 6 50 1,004.83 20.10 .336 167.47 OTHER TRANS 2 14 63.76 4.55 .094 31.88 OTHER SERVICES 0 0 .00 .00 .00 .00 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00
OTHER TRANS 2 14 63.76 4.55 .094 31.88 OTHER SERVICES 0 0 .00 .00 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00
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OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00
OPTICIAN 4 9 92.58 10.29 .060 23.15
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00
PORTABLE X-RAY 0 0 .00 .00 .00 .00
PROSTHETIST/ORTHOTISTS 1 1 3.86 3.86 .007 3.86
ORTHOTICS 0 0 0 .00 .00 .00 .00 PSYCHOLOGIST 0 0 0 00 00 00 000 00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00
HOSPICE SERVICES 0 0 .00 .00 .00 .00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 8 12 236.93 19.74 .081 29.62
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,485 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERA	GE
682 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	742	5,894	\$	424,666.62	\$ 72.05	8.642	572.33	\$ 622.68
@PHYSICIANS SERVICES	339	1,678	\$	69,300.28	\$ 41.30	2.460	204.43	\$ 101.61
OUTPATIENT VISITS	159	255		10,280.26	40.31	.374	64.66	15.07
OFFICE VISITS	96	174		5,427.72	31.19	.255	56.54	7.96
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	62	69		4,228.62	61.28	.101	68.20	6.20
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	10		563.68	56.37	.015	93.95	.83

OTHER OUTPATIENT	2	2	60.24	30.12	.003	30.12	.09
INPATIENT VISITS	46	158	7,649.87	48.42	.232	166.30	11.22
HOSPITAL VISITS	45	146	6,281.87	43.03	.214	139.60	9.21
CRITICAL CARE	6	12	1,368.00	114.00	.018	228.00	2.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	6	268.68	44.78	.009	53.74	.39
EXAMINATIONS	5	6	268.68	44.78	.009	53.74	.39
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	42	186	12,186.13	65.52	.273	290.15	17.87
PRINCIPAL SURGEON	28	31	8,455.57	272.76	.045	301.98	12.40
ASSISTANT SURGEON	5	5	731.78	146.36	.007	146.36	1.07
ANESTHESIOLOGIST	13	150	2,998.78	19.99	.220	230.68	4.40
OUTPATIENT SURGERY	52	158	11,832.11	74.89	.232	227.54	17.35
PRINCIPAL SURGEON	47	111	10,827.08	97.54	.163	230.36	15.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	47	1,005.03	21.38	.069	100.50	1.47
DIALYSIS	5 13 52 47 0 10 2 46 119	2	297.20	148.60	.003	148.60	.44
PATHOLOGY	46	87	790.64	9.09	.128	17.19	1.16
RADIOLOGY	110	255	10,678.72	41.88	.374	89.74	15.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	185	1,718.29	9.29	.271	132.18	2.52
OTHER SERVICES/ALL X-OVERS	83	386	13,598.38	35.23	.566	163.84	19.94
@PHARMACY	282	1,504 \$	88,450.06	\$ 58.81	2.205 \$		
PRESCRIPTION DRUGS	277	954	84,804.42	88.89	1.399	306.15	124.35
SNF/ICF	1	6	208.37	34.73	.009	208.37	.31
, -	276	948		89.24		306.51	124.04
OUTPATIENTS	28	550	84,596.05		1.390		5.35
MEDICAL SUPPLIES	28 84		3,645.64	6.63	.806	130.20	
@DENTIST			14,180.66	\$ 37.12	.560 \$	168.82	
VISITS - DIAGNOSTIC	52	210	1,618.65	7.71	.308	31.13	2.37
ORAL SURGERY	12	41	2,131.26	51.98	.060	177.61	3.13
DRUGS	2	6	90.00	15.00	.009	45.00	.13
ANESTHESIA	2	2	100.00	50.00	.003	50.00	.15
PERIODONTICS	11	11	558.00	50.73	.016	50.73	.82
ENDODONTICS	9	14	1,482.00	105.86	.021	164.67	2.17
RESTORATIVE DENTISTRY	36	90	6,855.75	76.18	.132	190.44	10.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	4	1,345.00	336.25	.006	448.33	1.97
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.001	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	2003	PAGE 7,486
MOP024	FEE-FOR-SERVICE						01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC - F.	AMILIES AID CODE	5R 6R 37			
					MON'		
682 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	16	50 \$	1,180.91	\$ 23.62	.073 \$		
DIAGNOSTIC AND ANC. PROCED	8	8	354.74	44.34	.012	44.34	.52
EYE APPLIANCES	13	39	628.87	16.12	.057	48.37	.92
OFFICE OPPOMEDTA APPLICADA	2	2	107 20	CE 77	004	CE 77	20

682 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	;	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	16	50	\$ 1,180.91	\$	23.62	.073	\$	73.81	\$ 1.73
DIAGNOSTIC AND ANC. PROCED	8	8	354.74		44.34	.012		44.34	.52
EYE APPLIANCES	13	39	628.87		16.12	.057		48.37	.92
OTHER OPTOMETRIC SERVICES	3	3	197.30		65.77	.004		65.77	.29
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	5	12	\$ 88.78	\$	7.40	.018	\$	17.76	\$.13
MEDICINE/INJECTIONS	1	1	.00		.00	.001		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	4	11	88.78		8.07	.016		22.20	.13

@HOME HEALTH AGENCY	1 0	7	\$	524.02	\$	74.86	.010	\$	524.02	\$.77
NURSE ANESTHESIST	0	0 :	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 :	S	.00	Ė	.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	•	0	Š	.00	Š	.00		\$.00		.00
@TOTAL HOSPITAL	162	923	Ċ.	201,146.71	Ġ.	217.93	1.353	\$			294.94
			Ą		Ą	1172.00	.223	Ą	3958.75	Ą	
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	45 35	152		178,143.96							261.21
HSC HOSPITALS	35	124		136,540.04		1101.13	.182		3901.14		200.21
NON-HSC HOSPITAL TOTAL	9	22		40,763.92		1852.91	.032		4529.32		59.77
ACCOMMODATIONS	9	22		7,646.87		347.59	.032		849.65		11.21
ADMINISTRATIVE DAYS	1	6		1,381.74		230.29	.009		1381.74		2.03
TRANSITIONAL IP CARE	0	124 22 22 6 0 16 0 6 0 771 77		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	16		6,265.13		391.57	.023		783.14		9.19
ANCTILARTES	9	0		33,117.05		.00	.000		3679.67		48.56
INDATIENT CROSSOVERS	í	6		840.00		140.00	.009		840.00		1.23
ALL OTHER INDATIONS	0	0		.00		.00	.000		.00		.00
ALL OIDER INFAILENT	126	771									
HOSP OUTPATIENT TOTAL	120	//1		23,002.75		29.83	1.130		182.56		33.73
MEDICAL	40	7.7		5,428.40		70.50	.113		135.71		7.96
SURGERI	12	7.7		721.13		51.51	.021		60.09		1.06
PATHOLOGY	58	316		3,106.17		9.83	.463		53.55		4.55
RADIOLOGY	50	84		7,316.56		87.10	.123		146.33		10.73
ROOM USE	58	85		2,805.83		33.01	.125		48.38		4.11
CROSSOVERS/ALL OTH OUTPTNT	58	195		3,624.66		18.59	.286		62.49		5.31
@COUNTY HOSPITAL TOTAL	6	8.3	\$	18,358.10	Ġ	221.18		Ġ	3059.68	Ġ	26.92
CO HOSPITAL INPATIENT TOTAL	4	15	т	17,164.05	т.	1144.27	.022	т	4291.01	т	25.17
HSC HOSPITALS	4	15		17,164.05		1144.27	.022		4291.01		25.17
NON-HSC HOSPITALS TOTAL	0	13		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	68		1,194.05		17.56	.100		298.51		1.75
MEDICAL	3	316 84 85 195 83 15 15 0 0 0 0 0 0		398.30		30.64	.019		132.77		.58
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	26		199.59		7.68	.038		49.90		.29
RADIOLOGY	1	1CR		.60		.60CR	.001CF	5	.60		.00
	3	9					.013				.38
ROOM USE				256.80		28.53			85.60		
CROSSOVERS/ALL OTH OUTPTNT		21	~	338.76		16.13	.031		84.69	_	.50
#CALIF DEPT OF HEALTH SERV			S MON	NIH-OF-PAYMENI RE	EPOR.	I' FOR JAN 2	2003 THRU I	DEC	2003	P	AGE 7,487
MOP024	FEE-FOR-SERVICE	•									01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- FA	AMILIES AID CODE	5R	6R 37					
							MC			GE ·	
682 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	5 (COST PER	(COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	157	840	\$	182,788.61	Ġ	217.61	1.232	Ġ	1164.26	Ġ	268.02
COMM HOSP INPATIENT TOTAL	41	137	т				.201				236.04
HSC HOSPITALS	31	109		119,375.99		1095.19	.160		3850.84		175.04
	9	22		40,763.92		1852.91			4529.32		59.77
NON-HSC HOSPITALS TOTAL							.032				
ACCOMMODATIONS	9	22		7,646.87		347.59	.032		849.65		11.21
ADMINISTRATIVE DAYS	1	6		1,381.74		230.29	.009		1381.74		2.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	16		6,265.13		391.57	.023		783.14		9.19
ANCILLARIES	9	0		33,117.05		.00	.000		3679.67		48.56
INPATIENT CROSSOVERS	1	6		840.00		140.00	.009		840.00		1.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	123	703		21,808.70		31.02	1.031		177.31		31.98
MEDICAL	37	64		5,030.10		78.60	.094		135.95		7.38
	3,	0 1		3,030.10		, 0 . 0 0	.001		100.00		, . 50

SURGERY	12	14		721.13		51.51	.021		60.09		1.06
PATHOLOGY	55	290		2,906.58		10.02	.425		52.85		4.26
RADIOLOGY	50	85		7,315.96		86.07	.125		146.32		10.73
ROOM USE	56	76		2,549.03		33.54	.111		45.52		3.74
CROSSOVERS/ALL OTH OUTPTNT	54	174		3,285.90		18.88	.255		60.85		4.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	0	\$	417.74	\$.00	.000	\$	139.25	\$.61
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	0		417.74		.00	.000		139.25		.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	54	\$	1,502.34	\$	27.82	.079	\$	1502.34	\$	2.20
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	54		1,502.34		27.82	.079		1502.34		2.20
@REHABILITATION FACILITY	1	2	\$	74.08	\$	37.04	.003	\$	74.08	\$.11
HOSPITAL BASED	1	2		74.08		37.04	.003		74.08		.11
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	73	264	\$	3,766.94	\$	14.27	.387	\$	51.60	\$	5.52
PATHOLOGY	73	264		3,766.94		14.27	.387		51.60		5.52
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	150	250	\$	24,816.89	\$	99.27	.367	\$	165.45	\$	36.39
CLINIC	6	19		788.95		41.52	.028		131.49		1.16
SURGICENTER	14	19		703.81		37.04	.028		50.27		1.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	137	212		23,324.13		110.02	.311		170.25		34.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES I	MONTH-OF-PAYMENT R	EPOR7	r for Jan	2003 THRU	DEC	2003	P	AGE 7,488
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MN - S	SOC -	FAMILIES AID CODE	5R 6	5R 37					
								-	HLY AVERA	_	
682 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	ZS	COST PER	(COST PER

682 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
@ALL OTHER PROVIDERS	91	OR DAYS OF CARE 768 \$	19,217.21	PER UNIT/DAY \$ 25.02	PER ELIG 1.126	USER \$ 211.18	ELIGIBLE \$ 28.18
	9 <u>1</u>	700 \$		•		•	•
DURABLE MED. EQUIP.	1	2	96.47	48.24	.003	96.47	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	791.55	791.55	.001	791.55	1.16
MEDICAL TRANSPORTATION	40	514	15,648.78	30.45	.754	391.22	22.95
AMBULANCES/AIR TRANS	40	509	7,548.78	14.83	.746	188.72	11.07
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	8,100.00	1620.00	.007	1620.00	11.88
ACUPUNCTURE	2	6	108.13	18.02	.009	54.07	.16
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	49	520.95	10.63	.072	24.81	.76
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	962.92	240.73	.006	481.46	1.41
PROSTHETICS	2	4	962.92	240.73	.006	481.46	1.41
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	28	286.43	10.23	.041	26.04	.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	163	696.98	4.28	.239	58.08	1.02
@CALIF. CHILDREN SERVICES*	13	45	\$ 5,719.30	\$ 127.10	.066	\$ 439.95	\$ 8.39
@XOVER EXCLUDING STATE HOSP**	26	369	\$ 3,655.75	\$ 9.91	.541	\$ 140.61	\$ 5.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,489
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

MERCED COUNTY	SUMMARY OF SERV	VICES FOR MN - SOC - TO	O'I'AL				~=
1 005 51 76757 76	11GED 6				MON		
1,095 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	1 074	OR DAYS OF CARE	000 560 00	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,274	16,609 \$	903,760.88	\$ 54.41	15.168 \$		\$ 825.35
@PHYSICIANS SERVICES	495	2,656 \$	94,291.89	\$ 35.50	2.426 \$		
OUTPATIENT VISITS	173	286	11,334.45	39.63	.261	65.52	10.35
OFFICE VISITS	103	190	5,745.69	30.24	.174	55.78	5.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	70	79	4,779.08	60.49	.072	68.27	4.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	10	563.68	56.37	.009	93.95	.51
OTHER OUTPATIENT	5	7	246.00	35.14	.006	49.20	.22
INPATIENT VISITS	56	241	10,634.59	44.13	.220	189.90	9.71
HOSPITAL VISITS	55	229	9,266.59	40.47	.209	168.48	8.46
CRITICAL CARE	6	12	1,368.00	114.00	.011	228.00	1.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	12	547.34	45.61	.011	60.82	.50
EXAMINATIONS	9	12	547.34	45.61	.011	60.82	.50
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	47	213	13,329.62	62.58	.195	283.61	12.17
PRINCIPAL SURGEON	32	35	9,221.77	263.48	.032	288.18	8.42
ASSISTANT SURGEON	5	5	731.78	146.36	.005	146.36	.67
ANESTHESIOLOGIST	15	173	3,376.07	19.51	.158	225.07	3.08
OUTPATIENT SURGERY	58	168	12,265.09	73.01	.153	211.47	11.20
PRINCIPAL SURGEON	52	118	11,154.70	94.53	.108	214.51	10.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	50	1,110.39	22.21	.046	100.94	1.01
DIALYSIS	2	2	297.20	148.60	.002	148.60	.27
PATHOLOGY	51	106	986.99	9.31	.097	19.35	.90
RADIOLOGY	144	339	15,470.86	45.64	.310	107.44	14.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	419	9,101.47	21.72	.383	535.38	8.31
OTHER SERVICES/ALL X-OVERS	205	870	20,324.28	23.36	.795	99.14	18.56
@PHARMACY	578	3,933 \$	215,163.99	\$ 54.71	3.592 \$		
PRESCRIPTION DRUGS	561	2,373	206,709.69	87.11	2.167	368.47	188.78
SNF/ICF	66	437	22,020.57	50.39	.399	333.65	20.11
OUTPATIENTS	502	1,936	184,689.12	95.40	1.768	367.91	168.67
MEDICAL SUPPLIES	54	1,560	8,454.30	5.42	1.425	156.56	7.72
@DENTIST	107	490 \$	18,954.52	\$ 38.68	.447 \$		
VISITS - DIAGNOSTIC	71	268	2,220.14	8.28	.245	31.27	2.03
ORAL SURGERY	18	58	3,152.26	54.35	.053	175.13	2.88
DRUGS	2	6	90.00	15.00	.005	45.00	.08
ANESTHESIA	2	2	100.00	50.00	.002	50.00	.09
PERIODONTICS	11	11	558.00	50.73	.010	50.73	.51
ENDODONTICS	10	15	1,482.00	98.80	.014	148.20	1.35
LIIDODOMITOD	10	13	1,102.00	70.00	.011	110.20	1.55

RESTORATIVE DENTISTRY	41	104	7,905.12	76.01	.095	192.81	7.22
PROSTHETICS	1	1	50.00	50.00	.001	50.00	.05
DENTURES, STAYPLATES	7	20	3,397.00	169.85	.018	485.29	3.10
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.001	.00	.00
ALL OTHER SERVICES	4	4	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	NTH-OF-PAYMENT REF	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 7,490
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MN - SOC - TO	OTAL				
					MON'	THLY AVERAG	E
1,095 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	26	75 \$	1,634.77	\$ 21.80	.068 \$	62.88	\$ 1.49
DIAGNOSTIC AND ANC. PROCED	11	11	493.41	44.86	.010	44.86	. 45

COTINES SPINATTRIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EYE APPLIANCES	19	57	933.95	16.39	.052	49.16		.85
MINISTRATITIONE 0									
OTHER SENVICES								ċ.	
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								Ą	
SPOOLARYEIST		_							
SHINGERY ADDRESSON		_						4	
SURGERY_ANES. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			·		•	•		Ş	
SADIO./PATIBOLOGY									
STOCKER 11 21 114.55 5.45 0.09 10.41 1.10 SHOME BEALTH AGENCY 6 31 5 2.254.65 5.45 0.09 10.41 1.10 SHOME BEALTH AGENCY 6 31 5 2.254.65 5.45 0.09 10.40 5 2.06 NIRESE AMERITHESIST 0 0 0 5 0.00 5 0.00 0.00 5 0.00 5 0.00 NIRESE MIRESE PRACTITIONER 0 0 0 5 0.00 5 0.00 0.00 5 0.00 5 0.00 SPECULARLY NUMBES PRACTITIONER 1 1 1 2 2.00 1.00 5 0.00 5 0.00 0.00 5 0.00 5 0.00 SPECULARLY NUMBES PRACTITIONER 1 1 1 2 2.00 1.00 5 0.00 5 0.00 0.00 5 0.00 5 0.00 SPECULARLY NUMBES PRACTITIONER 1 1 1 2 2.00 1.00 5 0.00 5 0.00 0.00 5 0.00 5 0.00 SPECULARLY NUMBES PRACTITIONER 1 1 1 2 2.00 5 0.00 5 0.00 0.00 5 0.00 5 0.00 SPECULARLY NUMBES PRACTITIONER 1 1 1 2 2.00 5 0.00 5 0.00 5 0.00 5 0.00 SPECULARLY NUMBES PRACTITIONER 1 1 1 1 2 2.00 5 0.00 5 0.00 5 0.00 5 0.00 5 0.00 SPECULARLY NUMBES PRACTITIONER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_							
MINISE MINISTINSTINSTINST 0		· ·							
NURSE AMESTHESIST 0 0 0 5 0.00 \$.0								4.	
NUMBER MIDHITE 0 0 \$.0									
PRINTENT CROSSOVERS 1									
FAMILY NURSE PRACTITIONER 1 1 1 5 27.50 8 27.50 .001 8 27.50 8 .03 ## COTTAIL HOSPITAL 220 1.516 5 279.381.73 8 184.26 1.384 8 1214.49 9 \$255.10 ## HOSP INPATIENT TOTAL 62 274 244,372.07 891.87 .250 3941.49 \$255.10 ## HOSP INPATIENT TOTAL 9 22 40.763.92 1842.4 1.55 4.66 .59 279.381.75 **NON-HSC HOSPITAL TOTAL 9 22 40.763.92 1852.91 .020 4829.32 37.23 ## ACCUMINITION AND STATES 10 0 0 1.381.70 1.00 4829.32 37.23 ## ACCUMINITION AND STATES 10 0 0 1.381.70 1.00 4829.32 37.23 ## ACCUMINITION CROSSOVERS ALL OTH OUTPINT 92 417 6,370.85 1.00 .00 .00 .00 .00 .00 .00 .00 ## ACCUMINITION CROSSOVERS 12 8 1 8 .00 .00 .00 .00 .00 .00 .00 .00 .00 .									
## STATE STA		•			•	•			
HISP INPATIENT TOTAL 62									
HSC HOSPITALS								\$	
NON-HSC HOSPITAL TOTAL									
ADMINISTRATIVE DAYS 1 6 1,381,74 230,29 .005 1381,74 1,26 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00									
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	NON-HSC HOSPITAL TOTAL	_							
TRANSITIONAL IP CARRE ALCOTHER ACCOME ALL OTHER ACCOME ALCOTHER ACCOME ALCOTHER ACCOME ALCOTHER INDATIENT ANCILLARIES 9 0 0 33,117.05 0.00 0.00 3679.67 30.24 31.07.09 30.00 0.00 3679.67 30.24 31.07.09 30.00 0.00 0.00 0.00 0.00 0.00 0.00	ACCOMMODATIONS	9							
ALL OTHER ACCOM ANCILLARIES 9 0 33,117.05 .00 .00 .307,67 ANCILLARIES 9 0 33,117.05 .00 .00 .307,67 ANCILLARIES 12 81 8,096.20 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	1							
ANCILIARIES 9 0 33,117.05 .00 .000 3679.67 30.24 INPATIENT CROSSOVERS 12 81 8.096.20 99.95 .074 674.68 7.39 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .000 .00 .00 .00 HOSP OUTPATIENT TOTAL 179 1.242 34,959.66 28.15 1.134 195.31 31.93 MEDICAL 52 101 6.247.60 61.86 .092 120.15 5.71 SURGERY 14 16 810.01 50.63 .015 57.86 .74 PATHOLOGY 73 406 33,902.77 9.61 .371 53.46 3.56 RADIOLOGY 65 192 13.881.57 72.30 .175 213.56 12.68 ROOM USE 74 110 3.746.86 34.06 .100 50.63 3.42 CROSSOVERS/ALL OTH OUTPINT 92 417 6,370.85 15.28 .381 69.25 5.82 GCOUNTY HOSPITAL TOTAL 10 102 \$ 36,799.80 \$ 360.78 .093 \$ 3679.98 \$ 33.61 EXCOMPTIAL INPATIENT TOTAL 5 5 25 35,491.05 1419.64 .023 7098.21 32.41 HISC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER COMPODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER COMPODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT TOTAL 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TRANSITIONAL IP CARE			.00	.00	.000			
INPATIENT CROSSOVERS 12	ALL OTHER ACCOM				391.57	.015			5.72
ALL OTHER INPATIENT O	ANCILLARIES		0	33,117.05	.00	.000	3679.67		30.24
HOSP OUTPATIENT TOTAL	INPATIENT CROSSOVERS	12	81	8,096.20	99.95	.074	674.68		7.39
MEDICAL 52 101 6,247.60 61.86 .092 120.15 5.71 SURGERY 14 16 810.01 50.63 .015 57.86 .74 PATHOLOGY 73 406 3,902.77 9.61 .371 53.46 3.56 RADIOLOGY 65 192 13.881.57 72.30 .175 213.56 12.88 ROOM USE 74 110 3,746.86 34.06 .100 50.63 3.42 CROSSOVERS/ALL OTH OUTPINT 92 417 6,370.85 15.28 381 69.25 5.82 CROSSOVERS/ALL OTH OUTPINT 92 417 6,370.85 15.28 381 69.25 5.82 CROSSOVERS/ALL OTH OUTPINT 92 417 6,370.85 15.28 381 69.25 5.82 CROSSOVERS/ALL OTH OUTPINT 92 417 6,370.85 149.64 0.23 7098.21 32.41 HSC HOSPITAL INPATIENT TOTAL 5 25 35.491.05 1419.64 0.23 7098.21 32.41 HSC HOSPITALS TOTAL 0 0 0 0.00 .00 .00 .00 .00 .00 ACCOMMODATIONS 5 0 0 0 0.00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 0.00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 0.00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 0.00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 0.00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 0.00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 0 0 0.00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 0 0 0.00 .00 .00 .00 .00 ALL OTHER INPATIENT TOTAL 7 7 77 1,308.75 17.00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 7 7 77 1,308.75 17.00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 7 7 77 1,308.75 17.00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 7 7 77 1,308.75 17.00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 7 7 77 1,308.75 17.00 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 7 8 10 .22 8 214.82 7.67 0.02 642.96 .20 RADIOLOGY 1 1 1 1 CR 60 .60CR 0.01CR 60 .20 REDICAL SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL MERCED COUNTY HOSPI	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
SURGERY 14 16 810.01 50.63 .015 57.86 .74 PATHOLOGY 73 406 3.902.77 9.61 .371 53.46 3.56 RADIOLOGY 65 192 13,881.57 72.30 .175 213.56 12.68 RADIOLOGY 74 110 3.746.86 34.06 .100 50.63 3.42 ROW USE CROSSOVERS/ALL OTH OUTPINT 92 417 6.370.85 15.28 .381 69.25 5.82 ROWNITY HOSPITAL TOTAL 10 102 \$ 36,799.80 \$ 360.78 .093 \$ 3679.98 \$ 33.61 CO HOSPITAL TOTAL 5 25 35,491.05 1419.64 .023 7098.21 32.41 HSC HOSPITALS TOTAL 0 0 0 .00 .000 .000 .000 .000 .000 ACCOMMODATIONS 0 0 0 .00 .000 .000 .000 .000 .000 .0	HOSP OUTPATIENT TOTAL	179	1,242	34,959.66	28.15	1.134	195.31		31.93
SURGERY 14 16 810.01 50.63 .015 57.86 .74 PATHOLOGY 73 406 3.902.77 9.61 .371 53.46 3.56 RADIOLOGY 65 192 13.881.57 72.30 .175 213.56 12.88 ROOM USE 74 110 3.746.86 34.06 .100 50.63 3.42 CROSSOVERS/ALL OTH OUTPINT 92 417 6,370.85 15.28 .381 69.25 5.82 GCOUNTY HOSPITAL TOTAL 10 10102 \$ 36.799.80 \$ 360.78 .093 \$ 367.98 \$ 361.61 CO HOSPITAL INPATIENT TOTAL 5 25 35,491.05 1419.64 .023 7098.21 32.41 HSC HOSPITALS 5 25 35,491.05 1419.64 .023 7098.21 32.41 HSC HOSPITALS 1070L 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER HOSPITALS 10 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER HOSPITALS 10 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER HOSPITALS 10 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER HOSPITALS 10 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	MEDICAL	52	101		61.86	.092			5.71
PATHOLOGY 73 406 3,902.77 9.61 .371 53.46 3.56 RADIOLOGY 65 192 13,881.57 72.30 .175 213.56 12.68 ROOM USE 74 110 3.746.86 34.06 .100 50.63 3.42 CROSSOVERS/ALL OTH OUTPINT 92 417 6.370.85 15.28 .381 69.25 5.82 (COUNTY HOSPITAL TOTAL 10 102 \$ 36.799.80 \$ 36.78 .093 \$ 36.79.98 \$ 33.61 CO HOSPITAL TOTAL 10 102 \$ 36.799.80 \$ 36.078 .093 \$ 36.79.98 \$ 33.61 CO HOSPITAL INPATIENT TOTAL 5 5 25 35.491.05 1419.64 .023 7098.21 32.41 MON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SURGERY	14	16		50.63	.015			.74
RADICLOGY ROOM USE RO	PATHOLOGY	73	406	3,902.77	9.61	.371			
ROOM USE 74 110 3,746.86 34.06 1.00 50.63 3.42 CROSSOVERS/ALL OTH OUTPTNT 92 417 6.370.85 15.28 381 69.25 5.82		65	192						
CROSSOVERS/ALL OTH OUTPINT 92							50.63		
## COUNTY HOSPITAL TOTAL 10		92							
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS 5 25 35,491.05 1419.64 .023 7098.21 32.41 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .0								\$	
HSC HOSPITALS		5						•	
NON-HSC HOSPITALS TOTAL 0 0 0 0.00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00									
ACCOMMODATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0							
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0							
TRANSITIONAL IP CARE O ALC OTHER ACCOM O O O O O O O O O O O O O O O O O O		0	0						
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0						
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INPATIENT CROSSOVERS			0						
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0							
CO HOSP OUTPATIENT TOTAL 7 77 1,308.75 17.00 .070 186.96 1.20 MEDICAL 6 18 454.33 25.24 .016 75.72 .41 SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 5 28 214.82 7.67 .026 42.96 .20 RADIOLOGY 1 1 1CR .60 .60CR .001CR .60 .00 ROOM USE 4 10 292.49 29.25 .009 73.12 .27 CROSSOVERS/ALL OTH OUTPTNT 5 22 346.51 15.75 .020 69.30 .32 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,491 MOPO 24 5 WMARY OF SERVICES FOR MN - SOC - TOTAL 1,095 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 221 1,414 \$ 242,531.93 \$ 171.52 1.291 \$ 1097.43 \$ 221.49 COMM HOSP INPATIENT TOTAL 57 249 208,881.02 838.88 .227 3664.58 190.76		0							
MEDICAL 6 18 454.33 25.24 .016 75.72 .41 SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 5 28 214.82 7.67 .026 42.96 .20 RADIOLOGY 1 1.00 .00 .60CR .001CR .60 .00 ROOM USE 1 10 292.49 29.25 .009 73.12 .27 CROSSOVERS/ALL OTH OUTPTNT 5 22 346.51 15.75 .020 69.30 .32 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,491 MOPO24 FEE-FOR-SERVICE/DENTAL MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL 1,095 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 221 1,414 \$ 242,531.93 \$ 171.52 1.291 \$ 1097.43 \$ 221.49 COMM HOSP INPATIENT TOTAL 57 249 208,881.02 838.88 .227 3664.58 190.76									
SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0									
PATHOLOGY 5 28 214.82 7.67 .026 42.96 .20 RADIOLOGY 1 1.0R .60 .60CR .001CR .60 .00 ROOM USE 4 10 292.49 29.25 .009 73.12 .27 CROSSOVERS/ALL OTH OUTPTNT 5 22 346.51 15.75 .020 69.30 .32 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,491 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL 1,095 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 221 1,414 \$ 242,531.93 \$ 171.52 1.291 \$ 1097.43 \$ 221.49 COMM HOSP INPATIENT TOTAL 57 249 208,881.02 838.88 .227 3664.58 190.76									
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CROSSOVERS/ALL OTH OUTPTNT 5		_	_						
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,491 MOP024 SUMMARY OF SERVICE FOR MN - SOC - TOTAL 1,095 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 221 1,414 \$ 242,531.93 \$ 171.52 1.291 \$ 1097.43 \$ 221.49 COMM HOSP INPATIENT TOTAL 57 249 208,881.02 838.88 .227 3664.58 190.76									
MOPO 24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - SOC - TOTAL 1,095 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 221 1,414 \$ 242,531.93 \$ 171.52 1.291 \$ 1097.43 \$ 221.49 COMM HOSP INPATIENT TOTAL 57 249 208,881.02 838.88 .227 3664.58 190.76								D:	
MERCED COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL 1,095 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL 57 249 208,881.02 MONTHLY AVERAGE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 221 1,414 242,531.93 311.52 1.291 3664.58 190.76				MONIII OF FAIMENT K	AU MOT IMOTEL	N 2005 IIIKO DEK	2003	F 2	
MONTHLY AVERAGE 1,095 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE ©COMMUNITY HOSPITAL TOTAL 221 1,414 221 221 242,531.93 3171.52 3064.58 297.3664.58				TOTAL.					01/25/04
1,095 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 221 1,414 \$ 242,531.93 \$ 171.52 1.291 \$ 1097.43 \$ 221.49 COMM HOSP INPATIENT TOTAL 57 249 208,881.02 838.88 .227 3664.58 190.76	MERCED COONII	SUMMART OF SERV	ICES FOR PIN - SOC -	IOIAL		MONT	רטדע אזויםא	CF.	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 221 1,414 \$ 242,531.93 \$ 171.52 1.291 \$ 1097.43 \$ 221.49 COMM HOSP INPATIENT TOTAL 57 249 208,881.02 838.88 .227 3664.58 190.76	1 חמק קודפוסוקפ	IICEDC	IMITE OF CEDVICE	FADEMULALIDEG	AMEDACE CO				
@COMMUNITY HOSPITAL TOTAL 221 1,414 \$ 242,531.93 \$ 171.52 1.291 \$ 1097.43 \$ 221.49 COMM HOSP INPATIENT TOTAL 57 249 208,881.02 838.88 .227 3664.58 190.76	T,090 FUIGIDUES	CALGU		FVERNDIIOKFP					
COMM HOSP INPATIENT TOTAL 57 249 208,881.02 838.88 .227 3664.58 190.76	@COMMINITY HOSDITAL TOTAL	221		242 521 02					
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100,020.70 1070.03 .133 4445.03 140.14									
	IIDC IIODETIAND	30	140	100,020.90	1030.03	.133	1110.03		T40.T4

NON-HSC HOSPITALS TOTAL	9	22		40,763.92		1852.91	.020		4529.32		37.23
ACCOMMODATIONS	9	22		7,646.87		347.59	.020		849.65		6.98
ADMINISTRATIVE DAYS	1	6		1,381.74		230.29	.005		1381.74		1.26
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	16		6,265.13		391.57	.015		783.14		5.72
ANCILLARIES	9	Ō		33,117.05		.00	.000		3679.67		30.24
INPATIENT CROSSOVERS	12	81		8,096.20		99.95	.074		674.68		7.39
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	173	1,165		33,650.91		28.88	1.064		194.51		30.73
MEDICAL	46	83		5,793.27		69.80	.076		125.94		5.29
SURGERY	14	16		810.01		50.63	.015		57.86		.74
PATHOLOGY	69	378		3,687.95		9.76	.345		53.45		3.37
RADIOLOGY	65	193		13,880.97		71.92	.176		213.55		12.68
ROOM USE	71	100		3,454.37		34.54	.091		48.65		3.15
CROSSOVERS/ALL OTH OUTPTNT		395		6,024.34		15.25	.361		69.25		5.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
MENTALLY ILL	0					.00			.00		.00
DEVELOP. DISABLED	87	0	4	.00	à		.000	4		4	
@NURSING FACILITY	8 /	2,013	\$	213,560.47	\$	106.09	1.838	\$		\$	195.03
LEV A-INTERMEDIATE	•	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	87	2,013		213,560.47		106.09	1.838		2454.72		195.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	63	\$	6,099.24	\$	96.81	.058	\$	554.48	\$	5.57
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	63		6,099.24		96.81	.058		554.48		5.57
@REHABILITATION FACILITY	1	2	\$	74.08	\$	37.04	.002	\$	74.08	\$.07
HOSPITAL BASED	1	2		74.08		37.04	.002		74.08		.07
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	89	334	\$	4,701.35	\$	14.08	.305	\$	52.82	Ś	4.29
PATHOLOGY	88	333	٧	4,697.92	Υ	14.11	.304	٧	53.39	٧	4.29
XO AND OTHERS	1	1		3.43		3.43	.001		3.43		.00
@ORGANIZED OUTPATIENT CLINIC	200	331	\$	31,936.04	\$	96.48	.302	\$	159.68	\$	29.17
CLINIC CLINIC	6	19	Y	788.95	Ų	41.52	.017	Y	131.49	Y	.72
SURGICENTER	20	25		1,197.10		47.88	.023		59.86		1.09
HEROIN DETOX CLINIC	0	0		•		.00	.000		.00		.00
	182	287		.00			.262				
RURAL HEALTH CLINIC			TIDEO N	29,949.99		104.36		חחמ	164.56	ъ.	27.35
#CALIF DEPT OF HEALTH SERV			UKES N	MONTH-OF-PAYMENT F	(TPOK.)	L FUR JAN	∠UU3 THKU	DЕC	∠003	PA	AGE 7,492
MOP024	FEE-FOR-SERVICE/		aoc	MOMA I							01/29/04
MERCED COUNTY	SUMMARY OF SERVI	CES FOR MN -	SOC -	TOTAL			•	ONTE		aп	
1 005 HITGIRIES	HGPDG	INITEG OF GERIT	C.D.		3.7.77	TD 7 CE CCC			HLY AVERA		
1,095 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			T UNITS/DAY		COST PER		COST PER

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 167 5,142 35,616.10 6.93 4.696 \$ 213.27 \$ 32.53 4 177.02 44.26 .004 59.01 DURABLE MED. EQUIP. .16 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 4 5 2,957.13 591.43 .005 739.28 2.70 4,740 MEDICAL TRANSPORTATION 67 26,671.73 5.63 4.329 398.09 24.36 54 697 9,972.45 14.31 .637 184.68 9.11 AMBULANCES/AIR TRANS 12 4,030 714.10 7.83 OTHER TRANS 8,569.24 2.13 3.680 OTHER SERVICES 7 13 8,130.04 625.39 .012 1161.43 7.42 2 6 108.13 18.02 54.07 .10 ACUPUNCTURE .005 0 .00 ADULT DAY HEALTH CARE CTR 0 .00 .000 .00 .00 1 105.00 GENETIC DISEASE TESTING 105.00 .001 105.00 .10

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	37	85		932.01	10.96	.078	25.19	.85
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	5		966.78	193.36	.005	322.26	.88
PROSTHETICS	3	5		966.78	193.36	.005	322.26	.88
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5		205.34	41.07	.005	102.67	.19
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	28		286.43	10.23	.026	26.04	.26
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	263		3,206.53	12.19	.240	84.38	2.93
@CALIF. CHILDREN SERVICES*	13	45	\$	5,719.30	\$ 127.10	.041	\$ 439.95	\$ 5.22
@XOVER EXCLUDING STATE HOSP**	230	1,701	\$	50,587.32	\$ 29.74	1.553	\$ 219.94	\$ 46.20
@* TOTALS IN THESE IINES ARE STORN	. אם א מבטאטאשר	TATEODMATETON	TUDM ONT V.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,493 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

MEKCED COUNTI	SUMMARI OF SER	ATCES FOR MIN - FONG :	IERM CARE - AGED	AID CODE	13		
					MOI	NTHLY AVERA	GE
4,262 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,194	199,925 \$	12,371,540.20	\$ 61.88	46.909	2949.82	\$ 2902.75
@PHYSICIANS SERVICES	571	2,025 \$	19,782.87	\$ 9.77	.475	34.65	\$ 4.64
OUTPATIENT VISITS	4	4	202.15	50.54	.001	50.54	.05
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	202.15	50.54	.001	50.54	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	13	34	1,193.86	35.11	.008	91.84	.28
HOSPITAL VISITS	6	21	904.76	43.08	.005	150.79	.21
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	8	13	289.10	22.24	.003	36.14	.07
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	242.00	242.00	.000	242.00	.06
PRINCIPAL SURGEON	1	1	242.00	242.00	.000	242.00	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	7	19	332.14	17.48	.004	47.45	.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	554	1,966	17,766.28	9.04	.461	32.07	4.17
@PHARMACY	3,625	46,703 \$	1,140,653.87	\$ 24.42	10.958	314.66	\$ 267.63
PRESCRIPTION DRUGS	3,604	22,718	1,125,357.41	49.54	5.330	312.25	264.04

SNF/ICF	3,492	21,770		1,099,632.87		50.51	5.108	314.90		258.01
OUTPATIENTS	216	948		25,724.54		27.14	.222	119.10		6.04
MEDICAL SUPPLIES	202	23,985		15,296.46		.64	5.628	75.73		3.59
@DENTIST	138	405	\$	14,446.09	\$	35.67	.095 \$	104.68	\$	3.39
VISITS - DIAGNOSTIC	120	324		4,692.00		14.48	.076	39.10		1.10
ORAL SURGERY	7	25		1,128.00		45.12	.006	161.14		.26
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	2	7		719.00		102.71	.002	359.50		.17
ENDODONTICS	1	1		330.00		330.00	.000	330.00		.08
RESTORATIVE DENTISTRY	3	9		844.00		93.78	.002	281.33		.20
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	20	38		6,607.00		173.87	.009	330.35		1.55
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1		126.09		126.09	.000	126.09		.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		-	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU DE	C 2003	F	PAGE 7,494
MOP024	FEE-FOR-SERVICE/D									01/29/04
MERCED COUNTY	SUMMARY OF SERVIC	ES FOR MN - LOI	NG T	ERM CARE - AGED		AID CODE				
								ITHLY AVERA	_	
4,262 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	53	141	\$	2,376.58	\$	16.86	.033 \$		\$.56
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.000	47.45		.01
EYE APPLIANCES	46	129		2,205.24		17.09	.030	47.94		.52
OTHER OPTOMETRIC SERVICES	./	11	4	123.89		11.26	.003	17.70		.03
@CHTROPRACTOR	()	()	S	0.0	S	0.0	000 8		S	(1()

4,262 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE	C		PΕ	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	53	141	\$	2,376.58	\$	16.86	.033	\$	44.84	\$.56
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.000		47.45	.01
EYE APPLIANCES	46	129		2,205.24		17.09	.030		47.94	.52
OTHER OPTOMETRIC SERVICES	7	11		123.89		11.26	.003		17.70	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	370	498	\$	1,963.79	\$	3.94	.117	\$	5.31	\$.46
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	370	498		1,963.79		3.94	.117		5.31	.46
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	27.50	\$	27.50	.000	\$	27.50	\$.01
FAMILY NURSE PRACTITIONER	15	15	\$	387.85	\$	25.86	.004	\$	25.86	\$.09
@TOTAL HOSPITAL	206	1,698	\$	95,316.67	\$	56.13	.398	\$	462.70	\$ 22.36
HOSP INPATIENT TOTAL	77	658		81,234.84		123.46	.154		1055.00	19.06
HSC HOSPITALS	3	15		17,100.00		1140.00	.004		5700.00	4.01
NON-HSC HOSPITAL TOTAL	1	3		2,048.52		682.84	.001		2048.52	.48
ACCOMMODATIONS	1	3		690.87		230.29	.001		690.87	.16
ADMINISTRATIVE DAYS	1	3		690.87		230.29	.001		690.87	.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	1	0		1,357.65		.00	.000		1357.65	.32
INPATIENT CROSSOVERS	73	640		62,086.32		97.01	.150		850.50	14.57
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	132	1,040		14,081.83		13.54	.244		106.68	3.30
MEDICAL	3	4		122.31		30.58	.001		40.77	.03
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	3	28		207.86		7.42	.007		69.29	.05
RADIOLOGY	2	4		61.51		15.38	.001		30.76	.01
ROOM USE	2	2		65.94		32.97	.000		32.97	.02
CROSSOVERS/ALL OTH OUTPTNT	130	1,002		13,624.21		13.60	.235		104.80	3.20
@COUNTY HOSPITAL TOTAL	2	5	\$	13.81	\$	2.76	.001	\$	6.91	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	13.81	2.76	.001	6.91	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 2 5 13.81 2.76 .001 6.91 PAGE 7,495

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01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOPUZ4	FEE-FOR-SERVICE		T 0370		1 TD G0DE	1.2			01/29/04
MERCED COUNTY	SUMMARY OF SERV	VICES FOR MN -	LONG	TERM CARE - AGED	AID CODE				
						MON			
4,262 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CA	ARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	204	1,693	\$	95,302.86	\$ 56.29	.397 \$	467.17	\$	22.36
COMM HOSP INPATIENT TOTAL	77	658		81,234.84	123.46	.154	1055.00		19.06
HSC HOSPITALS	3	15		17,100.00	1140.00	.004	5700.00		4.01
NON-HSC HOSPITALS TOTAL	1	3		2,048.52	682.84	.001	2048.52		.48
ACCOMMODATIONS	1	3		690.87	230.29	.001	690.87		.16
	1	ა ი		690.87			690.87		
ADMINISTRATIVE DAYS		3			230.29	.001			.16
TRANSITIONAL IP CARE	U	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	1	0		1,357.65	.00	.000	1357.65		.32
INPATIENT CROSSOVERS	73	640		62,086.32	97.01	.150	850.50		14.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	130	1,035		14,068.02	13.59	.243	108.22		3.30
MEDICAL	3	4		122.31	30.58	.001	40.77		.03
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	28		207.86	7.42	.007	69.29		.05
RADIOLOGY	2	4		61.51	15.38	.001	30.76		.01
ROOM USE	2	2		65.94	32.97	.000	32.97		.02
	128	997							3.19
CROSSOVERS/ALL OTH OUTPTNT			à	13,610.40	13.65	.234	106.33	4	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	3,623	110,270	\$	10,611,428.16	\$ 96.23	25.873 \$		\$	2489.78
LEV A-INTERMEDIATE	0 0 0 3,623	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	3,623	110,270		10,611,428.16	96.23	25.873	2928.91		2489.78
@INTERMEDIATE CARE FACILDD	51	1,955	\$	323,906.72	\$ 165.68		6351.11	Ġ	76.00
	0	·	Ą	•	•			Ą	
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD		0		.00	.00	.000	.00		.00
ICF DDN/DDCN	51	1,955	4.	323,906.72	165.68	.459	6351.11	4.	76.00
@HEMODIALYSIS TOTAL	25	31	\$	11,580.11	\$ 373.55	.007 \$		\$	2.72
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	25	31		11,580.11	373.55	.007	463.20		2.72
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	20	53	\$	441.60	\$ 8.33	.012 \$		\$.10
PATHOLOGY	7	30		168.89	5.63	.007	24.13		.04
XO AND OTHERS	13	23		272.71	11.86	.005	20.98		.06
@ORGANIZED OUTPATIENT CLINIC	365	755	\$	19,851.75	\$ 26.29	.177 \$		Ġ	4.66
	0		Ą	•		.000		Ą	
CLINIC	0	0		.00	.00		.00		.00
SURGICENTER	6	6		426.83	71.14	.001	71.14		.10
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	359	749		19,424.92	25.93	.176	54.11		4.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	FURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	P	AGE 7,496
MOP024	FEE-FOR-SERVIC	E/DENTAL							01/29/04
MERCED COUNTY	SUMMARY OF SERV	VICES FOR MN -	LONG	TERM CARE - AGED	AID CODE	13			
						MON	THLY AVERA	GE	
4,262 ELIGIBLES	USERS	UNITS OF SERVI	ICE	EXPENDITURES	AVERAGE COST				COST PER
1,202 222220	32210	OR DAYS OF CA		2112 2112 2 1 01120	PER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	632	35,375		129,376.64	\$ 3.66	8.300 \$			30.36
STATE OTHER EKOATDERS	0.32	55,575	Ą	129,370.04	Ş 3.00	۵.500 ۶	207./I	ų	50.50

DURABLE MED. EQUIP.	47	977	41,284.41	42.				9.69
BLOOD BANK	0	0	.00		.000		00	.00
HEARING AID DISPENSERS	38	53	16,951.17	319.			80	3.98
MEDICAL TRANSPORTATION	368	5,763	42,563.01	7.	39 1.352	115.	66	9.99
AMBULANCES/AIR TRANS	98	808	13,443.34	16.	.190	137.	18	3.15
OTHER TRANS	235	4,053	26,692.23	6.	59 .951	113.	58	6.26
OTHER SERVICES	64	902	2,427.44	2.	69 .212	37.	93	.57
ACUPUNCTURE	0	0	.00		.000		00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.000		00	.00
GENETIC DISEASE TESTING	0	0	.00		.000		00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.000		00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.000		00	.00
OPTICIAN	58	118	1,700.17	14.	41 .028	29.	31	.40
PHYSICAL THERAPIST	0	0	.00		.000		00	.00
PORTABLE X-RAY	21	47	248.50	5.	29 .011	. 11.	83	.06
PROSTHETIST/ORTHOTISTS	8	12	306.12	25.	51 .003	38.	27	.07
PROSTHETICS	8	12	306.12	25.	51 .003	38.	27	.07
ORTHOTICS	0	0	.00		.000		00	.00
PSYCHOLOGIST	2	2	65.09	32.	55 .000	32.	55	.02
SPEECH AND AUDIOLOGY	13	22	2,390.49	108.	66 .005	183.	88	.56
HOSPICE SERVICES	8	123	12,695.29	103.	21 .029	1586.	91	2.98
NONINST BIRTHING CENTERS	0	0	.00		.000		00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.000		00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.000		00	.00
ALL OTHER PROVIDERS	139	28,258	11,172.39		40 6.630	80.	38	2.62
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.	.000	\$.	00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,587	37,288	\$ 379,362.77	\$ 10.				\$ 89.01
of moment of the municipal training and office			 O377 77 .					

 $^{@* \ \ \, \}text{TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;}\\$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,497
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

HERCED COUNTY	DOMINITED OF DELIC	VICED FOR THE HORO F	DIGIT CITICE DELIND	TILD CODE	23		
					MONT	THLY AVERAGI	Ε
96 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	99	14,240 \$	357,477.34	\$ 25.10	148.333 \$	3610.88	\$ 3723.72
@PHYSICIANS SERVICES	22	67 \$	450.87	\$ 6.73	.698 \$	20.49	\$ 4.70
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	22	67			450.87		6.73	.698		20.49		4.70
@PHARMACY	86	8,669	\$	2	9,031.25	\$	3.35	90.302	\$	337.57	\$	302.41
PRESCRIPTION DRUGS	83	436		2	6,687.62		61.21	4.542		321.54		278.00
SNF/ICF	79	424		2	6,354.84		62.16	4.417		333.61		274.53
OUTPATIENTS	5	12			332.78		27.73	.125		66.56		3.47
MEDICAL SUPPLIES	16	8,233			2,343.63		.28	85.760		146.48		24.41
@DENTIST	6	17	\$		1,093.00	\$	64.29	.177	\$	182.17	\$	11.39
VISITS - DIAGNOSTIC	4	4			70.00		17.50	.042		17.50		.73
ORAL SURGERY	2	12			973.00		81.08	.125		486.50		10.14
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1			50.00		50.00	.010		50.00		.52
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES	MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PP	GE 7,498
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	MN - I	LONG	TERM CARE	- BLIND		AID CODE	23				

MERCED COONTI	DOMINANT OF DERV	TCED FOR PIN	ПОПО	1 121/1-1	CARE DITIO		AID CODE	23				
								M	Γ NO	'HLY AVERA	.GE	
96 ELIGIBLES	USERS	UNITS OF SERV	ICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF C	ARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0			.00		.00	.000		.00		.00
EYE APPLIANCES	0	0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
@PODIATRIST	7	9	\$		22.99	\$	2.55	.094	\$	3.28	\$.24
MEDICINE/INJECTIONS	0	0			.00		.00	.000		.00		.00
SURGERY/ANES.	0	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0			.00		.00	.000		.00		.00
OTHER	7	9			22.99		2.55	.094		3.28		.24
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$		28.13	\$	14.07	.021	\$	14.07	\$. 29
@TOTAL HOSPITAL	8	73	\$		1,428.51	\$	19.57	.760	\$	178.56	\$	14.88
HOSP INPATIENT TOTAL	1	15			812.00		54.13	.156		812.00		8.46
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	1	15		812.00	54.13	.156	812.00	8.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	58		616.51	10.63	.604	88.07	6.42
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	58		616.51	10.63	.604	88.07	6.42
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-C	F-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 7,499
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	MN - LON	IG TERM CA	RE - BLIND	AID CODE			
						MON'	THLY AVERAC	GE

						M	DIV.T.	HLY AVERA	GΕ	
USERS	UNITS OF SERVICE	EXPE	NDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
8	73 \$		1,428.51	\$	19.57	.760	\$	178.56	\$	14.88
1	15		812.00		54.13	.156		812.00		8.46
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	15		812.00		54.13	.156		812.00		8.46
0	0		.00		.00	.000		.00		.00
7	58		616.51		10.63	.604		88.07		6.42
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00			.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
7	58		616.51		10.63	.604		88.07		6.42
0	0 \$.00	\$.00		\$.00	\$.00
0	0		.00		.00			.00		.00
0	0				.00					.00
84	2,630 \$	27	7,018.97	\$	105.33	27.396	\$	3297.84	\$	2885.61
0	0		.00		.00			.00		.00
0	0				.00			.00		.00
0	0		.00		.00	.000		.00		.00
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	USERS 8 1 0 0 0 0 1 0 7 0 0 0 7 0 0 0 84 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 8	OR DAYS OF CARE PER UNIT/DAY 8 73 \$ 1,428.51 \$ 19.57 1 15 812.00 54.13 0 0 0 0 0 0 .0	USERS	USERS	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 8 73 \$ 1,428.51 \$ 19.57 .760 \$ 178.56 \$ 1 15 812.00 54.13 .156 812.00 .00 .00 .00 .00 0 0 .00			

LEV B-REGULAR	84	2,630	277,018.97	105.33	27.396	3297.84	2885.61
@INTERMEDIATE CARE FACILDD	9	256	\$ 34,106.52	\$ 133.23	2.667	\$ 3789.61	\$ 355.28
ICF DDH	9	256	34,106.52	133.23	2.667	3789.61	355.28
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	12	\$ 5,107.42	\$ 425.62	.125	\$ 510.74	\$ 53.20
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	12	5,107.42	425.62	.125	510.74	53.20
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$.97	\$.97	.010	\$.97	\$.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	1	.97	.97	.010	.97	.01
@ORGANIZED OUTPATIENT CLINIC	16	31	\$ 727.72	\$ 23.47	.323	\$ 45.48	\$ 7.58
CLINIC	0	0	.00	.00	.000	.00	.00

.00 .00 .00 .00 SURGICENTER 0 .000 HEROIN DETOX CLINIC .00 .00 .000 .00 .00 .323 45.48 31 23.47 RURAL HEALTH CLINIC 16 727.72 7.58 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,500 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

						MC	NTHLY AVERA	GE
96 ELIGIBLES	USERS UN	ITS OF SERVICE	E	KPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	2,473	\$	8,460.99	\$ 3.42	25.760	\$ 423.05	\$ 88.14
DURABLE MED. EQUIP.	1	9		478.82	53.20	.094	478.82	4.99
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	867		7,423.91	8.56	9.031	412.44	77.33
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	17	865		7,403.17	8.56	9.010	435.48	77.12
OTHER SERVICES	1	2		20.74	10.37	.021	20.74	.22
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	1,597		558.26	.35	16.635	111.65	5.82
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	43	8,063	\$	13,234.68	\$ 1.64	83.990	\$ 307.78	\$ 137.86
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION I	TEM ONLY;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024

FEE-FOR-SERVICE/DENTAL
COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED MERCED COUNTY AID CODE 63

----- MONTHLY AVERAGE -----756 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 755 2,867,119.56 \$ 59.10 64.173 \$ 3797.51 \$ 3792.49 48,515 \$ @TOTAL, ALL PROVIDERS

 2,867,119.56
 \$ 59.10
 64.173
 \$ 3797.51
 \$ 3792.49

 8,895.12
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 \$ 52.95
 \$ 11.77

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 168 523 \$ @PHYSICIANS SERVICES 20 OUTPATIENT VISITS 23 15 12 OFFICE VISITS 0 8 0 HOME VISITS 8 EMERGENCY ROOM 0 PREVENTIVE CARE 0 0 0 OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 121 INPATIENT VISITS 64 7 43 HOSPITAL VISITS 0 CRITICAL CARE Ω

PAGE 7,501

01/29/04

SNF/ICF/TRANS IP CARE	58	78			2,255.75		28.92	.103		38.89		2.98
OPHTHALMOLOGICAL SERVICES	3	3			111.45		37.15	.004		37.15		.15
EXAMINATIONS	3	3 0			111.45		37.15	.004		37.15		.15
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	23			959.19		41.70	.030		319.73		1.27
PRINCIPAL SURGEON	2	8			828.82		103.60	.011		414.41		1.10
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	15			130.37		8.69	.020		130.37		.17
OUTPATIENT SURGERY	2	2			145.35		72.68	.003		72.68		.19
PRINCIPAL SURGEON	2	2			145.35		72.68	.003		72.68		.19
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	9	46			271.59		5.90	.061		30.18		.36
RADIOLOGY	9	54			589.43		10.92	.071		65.49		.78
PSYCHIATRY	5	5			116.10		23.22	.007		23.22		.15
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	91	246			2,037.07		8.28	.325		22.39		2.69
@PHARMACY	635	14,758	\$		250,123.81	\$	16.95		\$	393.90	Ś	330.85
PRESCRIPTION DRUGS	625	3,502	٧		241,780.03	۲	69.04	4.632	٧	386.85	٧	319.81
SNF/ICF	576	3,148			220,670.95		70.10	4.164		383.11		291.89
OUTPATIENTS	73	354			21,109.08		59.63	.468		289.17		27.92
MEDICAL SUPPLIES	103	11,256			8,343.78		.74	14.889		81.01		11.04
@DENTIST	33	229	\$		7,673.76	\$	33.51	.303	Ś	232.54	Ś	10.15
VISITS - DIAGNOSTIC	31	177	٧		1,957.00	۲	11.06	.234	٧	63.13	٧	2.59
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	10	17			2,718.00		159.88	.022		271.80		3.60
ENDODONTICS	1	3			645.00		215.00	.004		645.00		.85
RESTORATIVE DENTISTRY	3	22			1,009.00		45.86	.029		336.33		1.33
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2			280.00		140.00	.003		280.00		.37
SPACE MAINTAINERS	0	n n			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	8	8			1,064.76		133.10	.011		133.10		1.41
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITUE	PTC	MONTE		о∩рт			חדכ		D	AGE 7,502
MOP024	FEE-FOR-SERVICE	-	ريد	1.1OTA 11	OI EVINDIAI KEI	. 01(1	I OK UAN	2005 11110	ے تار	2005	17 1	01/29/04
MERCED COUNTY		ICES FOR MN - LO	NG	терм	CARE - DISARIFI)	AID CODE	: 63				01/2//01
FILITOID COUNTY	DOLINIMICE OF DELLA	TODO FOR PIN - DO	2110	T 121/1/1	CINCE DIDABUEL		111D CODE	. 03 M	יידוא	ATTA VIL	GE .	
756 ELIGIBLES	USERS	UNITS OF SERVICE	₹.		EXPENDITURES	Δ1/Γ	RAGE COST		-		_	COST PER

						MC)IN T	HLY AVERA	ŒĽ	
756 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV1	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	14	37	\$ 705.10	\$	19.06	.049	\$	50.36	\$.93
DIAGNOSTIC AND ANC. PROCED	3	3	96.50		32.17	.004		32.17		.13
EYE APPLIANCES	11	31	531.89		17.16	.041		48.35		.70
OTHER OPTOMETRIC SERVICES	2	3	76.71		25.57	.004		38.36		.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	37	53	\$ 308.06	\$	5.81	.070	\$	8.33	\$.41
MEDICINE/INJECTIONS	2	2	30.80		15.40	.003		15.40		.04
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	35	51	277.26		5.44	.067		7.92		.37
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	10	10	\$	335	.44	\$ 33.54	.013	\$ 33.54	\$.44
@TOTAL HOSPITAL	56	489	\$	86,605	.19	\$ 177.11	.647	\$ 1546.52	\$	114.56
HOSP INPATIENT TOTAL	12	190		82,477	.48	434.09	.251	6873.12		109.10
HSC HOSPITALS	3	47		48,600	.00	1034.04	.062	16200.00		64.29
NON-HSC HOSPITAL TOTAL	1	52		16,752	.66	322.17	.069	16752.66		22.16
ACCOMMODATIONS	1	52		12,027	.60	231.30	.069	12027.60		15.91
ADMINISTRATIVE DAYS	1	52		12,027	.60	231.30	.069	12027.60		15.91
TRANSITIONAL IP CARE	0	0		•	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0			.00	.00	.000	.00		.00
ANCILLARIES	1	0		4,725	.06	.00	.000	4725.06		6.25
INPATIENT CROSSOVERS	8	91		17,124	.82	188.18	.120	2140.60		22.65
ALL OTHER INPATIENT	0	0		•	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	44	299		4,127		13.81	.396	93.81		5.46
MEDICAL	4	4		72	.41	18.10	.005	18.10		.10
SURGERY	3	3		92	.36	30.79	.004	30.79		.12
PATHOLOGY	6	25		325	.03	13.00	.033	54.17		.43
RADIOLOGY	5	5		245	.89	49.18	.007	49.18		.33
ROOM USE	17	18		613	.61	34.09	.024	36.09		.81
CROSSOVERS/ALL OTH OUTPTNT	31	244		2,778	.41	11.39	.323	89.63		3.68
@COUNTY HOSPITAL TOTAL	0	0	\$	•		\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•		.00	.00	.000	.00	•	.00
HSC HOSPITALS	0	0			.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0			.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0			.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0			.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0			.00	.00	.000	.00		.00
ANCILLARIES	0	0			.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0			.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0			.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00	.00	.000	.00		.00
MEDICAL	0	0			.00	.00	.000	.00		.00
SURGERY	0	0			.00	.00	.000	.00		.00
PATHOLOGY	0	0			.00	.00	.000	.00		.00
RADIOLOGY	0	0			.00	.00	.000	.00		.00
ROOM USE	0	0			.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES	MONTH-OF-PAYME	NT REPO	ORT FOR JAN	2003 THRU	DEC 2003	PA	GE 7,503
MOP024	FEE-FOR-SERVICE/I	ENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVIO	CES FOR MN - L	ONG	TERM CARE - DI	SABLED	AID CODE	E 63			
							M	ONTHLY AVERA	GE -	
756 ELIGIBLES	IISERS I	INITS OF SERVIC	E	EXPENDITI	RES 7	AVERAGE COST	T HINTTS/DAY	S COST PER	C	OST PER

					MON	ITHLY AVERA	GE
756 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56	489	\$ 86,605.19	\$ 177.11	.647 \$	1546.52	\$ 114.56
COMM HOSP INPATIENT TOTAL	12	190	82,477.48	434.09	.251	6873.12	109.10
HSC HOSPITALS	3	47	48,600.00	1034.04	.062	16200.00	64.29
NON-HSC HOSPITALS TOTAL	1	52	16,752.66	322.17	.069	16752.66	22.16
ACCOMMODATIONS	1	52	12,027.60	231.30	.069	12027.60	15.91
ADMINISTRATIVE DAYS	1	52	12,027.60	231.30	.069	12027.60	15.91
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	4,725.06	.00	.000	4725.06	6.25
INPATIENT CROSSOVERS	8	91	17,124.82	188.18	.120	2140.60	22.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44	299	4,127.71	13.81	.396	93.81	5.46
MEDICAL	4	4	72.41	18.10	.005	18.10	.10
SURGERY	3	3	92.36	30.79	.004	30.79	.12
PATHOLOGY	6	25	325.03	13.00	.033	54.17	.43
RADIOLOGY	5	5	245.89	49.18	.007	49.18	.33
ROOM USE	17	18	613.61	34.09	.024	36.09	.81

CROSSOVERS/ALL OTH OUTPTNT	31	244		2,778.41		11.39	.323		89.63		3.68
@STATE HOSPITAL	12	346	\$	135,907.28	\$	392.80	.458	\$	11325.61	\$	179.77
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	346		135,907.28		392.80	.458		11325.61		179.77
@NURSING FACILITY	433	13,010	\$	1,409,587.99	\$	108.35	17.209	\$	3255.40	\$	1864.53
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	21	678		66,615.00		98.25	.897		3172.14		88.12
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	10	320		132,732.75		414.79	.423		13273.28		175.57
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	402	12,012		1,210,240.24		100.75	15.889		3010.55		1600.85
@INTERMEDIATE CARE FACILDD	173	5,871	\$	916,265.79	\$	156.07	7.766	\$	5296.33	\$	1211.99
ICF DDH	70	2,255		308,456.85		136.79	2.983		4406.53		408.01
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	103	3,616		607,808.94		168.09	4.783		5901.06		803.98
@HEMODIALYSIS TOTAL	3	4	\$	720.85	\$	180.21	.005	\$	240.28	\$.95
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	4		720.85		180.21	.005		240.28		.95
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	34	127	\$	1,539.29	\$	12.12	.168	\$	45.27	\$	2.04
PATHOLOGY	34	127		1,539.29		12.12	.168		45.27		2.04
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	93	163	\$	6,207.19	\$	38.08	.216	\$	66.74	\$	8.21
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	8	13		305.25		23.48	.017		38.16		.40
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	86	150		5,901.94		39.35	.198		68.63		7.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDIT	TURES	MONTH-OF-PAYMENT RI	EPOR'	r for jan	2003 THRU	DEC	2003	P	AGE 7,504
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	R MN -	LONG	TERM CARE - DISABLI	ED	AID COD					
							M	ГИО	HLY AVERA	GE	

					MON	IHLY AVERA	<u></u> عو
756 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	159	12,895 \$	42,244.69	\$ 3.28	17.057 \$	265.69	\$ 55.88
DURABLE MED. EQUIP.	22	101	17,240.10	170.69	.134	783.64	22.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	58	920	8,043.38	8.74	1.217	138.68	10.64
AMBULANCES/AIR TRANS	21	477	4,766.64	9.99	.631	226.98	6.31
OTHER TRANS	30	375	1,710.27	4.56	.496	57.01	2.26
OTHER SERVICES	10	68	1,566.47	23.04	.090	156.65	2.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	36	418.66	11.63	.048	24.63	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	10	26	269.30	10.36	.034	26.93	.36
PROSTHETIST/ORTHOTISTS	3	6	361.26	60.21	.008	120.42	.48
PROSTHETICS	3	6	361.26	60.21	.008	120.42	.48
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	25.75	12.88	.003	12.88	.03
HOSPICE SERVICES	4	93	9,786.11	105.23	.123	2446.53	12.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	56	11,711		6,100.13		.52	15.491		108.93		8.07
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	204	2,477	\$	43,689.08	\$	17.64	3.276	\$	214.16	\$	57.79
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	E INFORMATION	ITEM (ONLY;							
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPR	OPRIATE DETAIL	LINES	S ABOVE.							
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	DETAIL LINES A	BOVE.								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 7,505
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERVIC	ES FOR MN - LO	ONG TE	ERM CARE - FAMILIE	ES	DISCONTIN	UED				
							M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS U	NITS OF SERVIC	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	C	OST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG	+	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	U	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	Ü	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	U	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00			
ANESTHESIOLOGIST	U	U	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	.000 \$.00 \$	
PRESCRIPTION DRUGS	Ô	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0					
OUTPATIENTS	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	U	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.000 \$.00 \$	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00		.000	.00	.00
	0	0		.00			
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES MON'	TH-OF-PAYMENT REPO	ORT FOR JAN 2	003 THRU DEC :	2003	PAGE 7,506
MOP024	FEE-FOR-SERVICE/I	ENTAL.					01/29/04
		CES FOR MN - LONG TER	M CARE - FAMILIES	DISCONTINU	ED		
TIBROED COONTI	BOILING OF BERVIO		TOTAL TIMILLIES		MONTH	LV AVERAGE	?
00 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES A		UNITS/DAYS C		COST PER
00 EDIGIBLES	USERS (PER UNIT/DAY			
@ODTOMETD I CT	0	OR DAYS OF CARE		- ,	.000 \$	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	•	.00 \$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	.00	.000 \$.00 \$	
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 Š	.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 4	.00	\$.00	.000 \$		\$.00
	0	υ ş		·			•
NURSE MIDWIFE	Ü	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	Ü	Ü	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	Ô	0	.00	.00	.000	.00	.00
MEDICAL	0	0			.000		
	0	0	.00	.00		.00	.00
SURGERY	0	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 8					
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ô	0	.00	.00	.000	.00	.00
	0	0	.00				.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.000	.00	
MEDICAL	0	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 7,507
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG 7	TERM CARE - FAMILIE	S DISCONTIN	UED		
			-		MONT	HLY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MITERACE COCT	UNITS/DAYS		COST PER
AA FITGIDIES	CALCO		FVLFINDTIOKFD		,		
- GOVERNMENT 110 CT	2	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	•	· ·	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Û	.00	.00	.000	.00	.00
	0	0					
SURGERY	Ü	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0						
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
	0	· ·					
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
	0	0					
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
	0	0					.00
ICF DDN/DDCN	U	_	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0		•			•
HOSPITAL BASED	U	_	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
	0	_					
@ORGANIZED OUTPATIENT CLINIC	U	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
		· ·					
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NIH-OF-PAYMENI RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 7,508
MOP024	FEE-FOR-SERVICE	I/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TE	RM CARE - FAMILIE	S DISCONTINU	JED		
					MON'	THLY AVERA	TE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 EDIGIBLES	OBERD		EXPENDITORES				
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	Ô	.00	.00	.000	.00	.00
	· ·	0					
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	Ô	.00	.00	.000	.00	.00
		U			.000	.00	
	0	^			(11111	(11)	.00
ACUPUNCTURE	0	0	.00	.00			
	0	0 0	.00	.00	.000	.00	.00
ACUPUNCTURE	0 0 0	0 0 0		.00			
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 0 0 0	0 0 0	.00	.00	.000	.00	.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	0 0 0	0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0 0 0 0	0 0 0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0 0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,509
MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

MERCED COUNTY	SUMMARI OF SER	VICES FOR MIN - LONG	TERM CARE - TOTAL		1403		CT.
5 114 FF TGTPT FG	Hanna			311ED3 GE GGGE	MON		
5,114 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	5 0 4 0	OR DAYS OF CARE	15 506 105 10	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,048	262,680 \$	15,596,137.10	\$ 59.37	51.365		•
@PHYSICIANS SERVICES	761	2,615 \$	29,128.86	\$ 11.14	.511 \$		\$ 5.70
OUTPATIENT VISITS	24	27	1,266.26	46.90	.005	52.76	. 25
OFFICE VISITS	12	15	489.59	32.64	.003	40.80	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	12	776.67	64.72	.002	64.72	.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	77	155	4,794.69	30.93	.030	62.27	.94
HOSPITAL VISITS	13	64	2,249.84	35.15	.013	173.06	.44
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	66	91	2,544.85	27.97	.018	38.56	.50
OPHTHALMOLOGICAL SERVICES	4	4	157.89	39.47	.001	39.47	.03
EXAMINATIONS	4	4	157.89	39.47	.001	39.47	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	24	1,201.19	50.05	.005	300.30	.23
PRINCIPAL SURGEON	3	9	1,070.82	118.98	.002	356.94	.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	15	130.37	8.69	.003	130.37	.03
OUTPATIENT SURGERY	2	2	145.35	72.68	.000	72.68	.03
PRINCIPAL SURGEON	2	2	145.35	72.68	.000	72.68	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	46	271.59	5.90	.009	30.18	.05
RADIOLOGY	16	73	921.57	12.62	.014	57.60	.18
PSYCHIATRY	5	5	116.10	23.22	.001	23.22	.02
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	667	2,279	20,254.22	8.89	.446	30.37	3.96
@PHARMACY	4,346	70,130 \$	1,419,808.93	\$ 20.25	13.713 \$	326.69	\$ 277.63
PRESCRIPTION DRUGS	4,312	26,656	1,393,825.06	52.29	5.212	323.24	272.55
SNF/ICF	4,147	25,342	1,346,658.66	53.14	4.955	324.73	263.33
OUTPATIENTS	294	1,314	47,166.40	35.90	.257	160.43	9.22
MEDICAL SUPPLIES	321	43,474	25,983.87	.60	8.501	80.95	5.08
@DENTIST	177	651 \$		\$ 35.66	.127 \$		
-		· - · · ·	-,				

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

VISITS - DIAGNOSTIC	155	505	6,719.00	13.30	.099	43.35	1.31
ORAL SURGERY	9	37	2,101.00	56.78	.007	233.44	.41
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	12	24	3,437.00	143.21	.005	286.42	.67
ENDODONTICS	2	4	975.00	243.75	.001	487.50	.19
RESTORATIVE DENTISTRY	6	31	1,853.00	59.77	.006	308.83	.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	22	41	6,937.00	169.20	.008	315.32	1.36
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	9	9	1,190.85	132.32	.002	132.32	.23
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,510
MOP024	FEE-FOR-SERVICE/DENTAL	-					01/29/04

MOP024

MERCED COUNTY

MERCED COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TER	M CARE - TOTAL				_
5 114 DITGIDI DO		INITES OF SERVICE			MONT		
5,114 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
@OPTOMETRIST	67	OR DAYS OF CARE	2 001 60	PER UNIT/DAY	.035 \$	USER 46.00	ELIGIBLE
	4	178 \$	3,081.68	\$ 17.31	•	35.99	\$.60 .03
DIAGNOSTIC AND ANC. PROCED	57	4	143.95	35.99	.001		
EYE APPLIANCES		160	2,737.13	17.11	.031	48.02	.54
OTHER OPTOMETRIC SERVICES	9	14	200.60	14.33	.003	22.29	.04
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	•	0	.00	.00	.000	.00	.00
@PODIATRIST	414	560 \$	2,294.84	\$ 4.10	.110 \$	5.54	•
MEDICINE/INJECTIONS	2	2	30.80	15.40	.000	15.40	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	412	558	2,264.04	4.06	.109	5.50	. 44
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	·
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	•
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	
PEDIATRIC NURSE PRACTITIONER		1 \$	27.50	\$ 27.50	.000 \$	27.50	
FAMILY NURSE PRACTITIONER	27	27 \$	751.42	\$ 27.83	.005 \$	27.83	
@TOTAL HOSPITAL	270	2,260 \$	183,350.37	\$ 81.13	.442 \$	679.08	
HOSP INPATIENT TOTAL	90	863	164,524.32	190.64	.169	1828.05	32.17
HSC HOSPITALS	6	62	65,700.00	1059.68		10950.00	12.85
NON-HSC HOSPITAL TOTAL	2	55	18,801.18	341.84	.011	9400.59	3.68
ACCOMMODATIONS	2	55	12,718.47	231.24	.011	6359.24	2.49
ADMINISTRATIVE DAYS	2	55	12,718.47	231.24	.011	6359.24	2.49
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	6,082.71	.00	.000	3041.36	1.19
INPATIENT CROSSOVERS	82	746	80,023.14	107.27	.146	975.89	15.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	183	1,397	18,826.05	13.48	. 273	102.87	3.68
MEDICAL	7	8	194.72	24.34	.002	27.82	.04
SURGERY	3	3	92.36	30.79	.001	30.79	.02
PATHOLOGY	9	53	532.89	10.05	.010	59.21	.10
RADIOLOGY	7	9	307.40	34.16	.002	43.91	.06
ROOM USE	19 168	20 1,304	679.55	33.98	.004	35.77	.13
CROSSOVERS/ALL OTH OUTPTNT		1,304	17,019.13	13.05	.255	101.30	3.33
@COUNTY HOSPITAL TOTAL	2	5 \$	13.81	\$ 2.76	.001 \$	6.91	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	13.81	2.76	.001	6.91	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	13.81	2.76	.001	6.91	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	ZUUS THRU DEC	2003	PAGE 7,511

01/29/04

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	ONTT	HI.V AVERA	GE	
5,114 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ZA.	VERAGE COST		-	COST PER	_	COST PER
3,111 22101222	002110	OR DAYS OF CARE				ER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	268	2,255	\$	183,336.56	\$	81.30	.441	\$	684.09	\$	35.85
COMM HOSP INPATIENT TOTAL	90	863	•	164,524.32		190.64	.169	-	1828.05	-	32.17
HSC HOSPITALS	6	62		65,700.00		1059.68	.012		10950.00		12.85
NON-HSC HOSPITALS TOTAL	2	55		18,801.18		341.84	.011		9400.59		3.68
ACCOMMODATIONS	2	55		12,718.47		231.24	.011		6359.24		2.49
ADMINISTRATIVE DAYS	2	55		12,718.47		231.24	.011		6359.24		2.49
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	2	0		6,082.71		.00	.000		3041.36		1.19
INPATIENT CROSSOVERS	82	746		80,023.14		107.27	.146		975.89		15.65
ALL OTHER INPATIENT	0	, 10		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	181	1,392		18,812.24		13.51	.272		103.94		3.68
MEDICAL	7	8		194.72		24.34	.002		27.82		.04
SURGERY	3	3		92.36		30.79	.001		30.79		.02
PATHOLOGY	9	53		532.89		10.05	.010		59.21		.10
RADIOLOGY	7	9		307.40		34.16	.002		43.91		.06
ROOM USE	19	20		679.55		33.98	.002		35.77		.13
CROSSOVERS/ALL OTH OUTPTNT		1,299		17,005.32		13.09	.254		102.44		3.33
@STATE HOSPITAL	12	346	\$	135,907.28		392.80	.068	ب	11325.61	ċ.	26.58
MENTALLY ILL	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	12	346		135,907.28		392.80	.068		11325.61		26.58
@NURSING FACILITY	4,140	125,910	\$	12,298,035.12		97.67	24.621		2970.54	\$	2404.78
LEV A-INTERMEDIATE	4,140	125,910	Ą			.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	21	678		.00 66,615.00		98.25	.133		3172.14		13.03
		0				.00			.00		.00
LEV B-SUBACUTE FREESTANDING	10	320		.00 132,732.75		.00 414.79	.000 .063		13273.28		25.95
LEV B-SUBACUTE HSPTL BASED	0	320									
LEV B-TRANSITIONAL IP CARE				.00		.00	.000		.00		.00
LEV B-REGULAR	4,109	124,912	4	12,098,687.37		96.86	24.425	4	2944.44	4	2365.80
@INTERMEDIATE CARE FACILDD	233	8,082	\$	1,274,279.03			1.580	Ş	5469.01	\$	249.17
ICF DDH	79	2,511		342,563.37		136.43	.491		4336.25		66.99
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	154	5,571	4	931,715.66		167.24	1.089	4	6050.10	4	182.19
@HEMODIALYSIS TOTAL	38	47	\$	17,408.38			.009	\$		\$	3.40
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	38	47		17,408.38		370.39	.009		458.12		3.40
@REHABILITATION FACILITY	0	0	\$.00			.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00		.00	.000		.00	_	.00
@LABORATORY FACILITY	55	181	\$	1,981.86			.035	\$	36.03	\$. 39
PATHOLOGY	41	157		1,708.18		10.88	.031		41.66		.33
XO AND OTHERS	14	24	4.	273.68		11.40	.005		19.55		.05
@ORGANIZED OUTPATIENT CLINIC	474	949	\$	26,786.66		28.23	.186	Ş	56.51	\$	5.24
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	14	19		732.08		38.53	.004		52.29		.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	461	930		26,054.58		28.02	.182		56.52		5.09
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT	REPOR	RT FOR JAN 2	2003 THRU	DEC	2003	P	AGE 7,512
MOP024	FEE-FOR-SERVICE										01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MN - LON	IG T	ERM CARE - TOTAL	ı						
							M				
5,114 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		VERAGE COST					COST PER
		OR DAYS OF CARE				ER UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	811		\$	180,082.32			9.922	\$	222.05	\$	35.21
DURABLE MED. EQUIP.	70	1,087		59,003.33		54.28	.213		842.90		11.54
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	38	53		16,951.17		319.83	.010		446.08		3.31
MEDICAL TRANSPORTATION	444	7,550		58,030.30		7.69	1.476		130.70		11.35

AMBULANCES/AIR TRANS	119	1,285	18,209.98	14.17	.251	153.03	3.56
OTHER TRANS	282	5,293	35,805.67	6.76	1.035	126.97	7.00
OTHER SERVICES	75	972	4,014.65	4.13	.190	53.53	.79
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	75	154	2,118.83	13.76	.030	28.25	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	31	73	517.80	7.09	.014	16.70	.10
PROSTHETIST/ORTHOTISTS	11	18	667.38	37.08	.004	60.67	.13
PROSTHETICS	11	18	667.38	37.08	.004	60.67	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	65.09	32.55	.000	32.55	.01
SPEECH AND AUDIOLOGY	15	24	2,416.24	100.68	.005	161.08	.47
HOSPICE SERVICES	12	216	22,481.40	104.08	.042	1873.45	4.40
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	200	41,566	17,830.78	.43	8.128	89.15	3.49
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,834	47,828	\$ 436,286.53	\$ 9.12	9.352	\$ 237.89	\$ 85.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,513
MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 17,118 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 14,336 362,621 \$ 17,414,743.18 48.02 21.184 \$ 1214.76 \$ 1017.34 \$ @PHYSICIANS SERVICES 3,341 11,913 232,384.04 19.51 .696 \$ 69.56 \$ 13.58 564 404 57.64 OUTPATIENT VISITS 23,285.97 41.29 .033 1.36 .027 OFFICE VISITS 339 467 17,154.94 36.73 50.60 1.00 .00 HOME VISITS 0 0 .00 .000 .00 .00 5,881.27 77 89 66.08 .005 EMERGENCY ROOM 76.38 .34 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 8 249.76 31.22 .000 31.22 .01 434 374 INPATIENT VISITS 16,617.69 38.29 251.78 .97 .025 374 29.18 HOSPITAL VISITS 10,913.69 .022 188.17 .64 46 116.15 .003 1068.56 .31 CRITICAL CARE 5,342.80 14 25.80 40.13 SNF/ICF/TRANS IP CARE 361.20 .001 58 58 0 32 22 4 7 63 52 OPHTHALMOLOGICAL SERVICES 64 2,918.11 45.60 .004 50.31 .17 64 EXAMINATIONS 2,918.11 45.60 .004 50.31 .17 0 .000 SERVICES AND MATERIALS .00 .00 .00 .00 13,054.77 INPATIENT HOSPITAL SURGERY 124 105.28 .007 407.96 .76 10,792.40 317.42 490.56 PRINCIPAL SURGEON 34 .002 .63 ASSISTANT SURGEON 392.05 98.01 .000 98.01 .02 4 ANESTHESIOLOGIST 86 1,870.32 21.75 .005 267.19 .11 OUTPATIENT SURGERY 159 21,763.32 136.88 .009 345.45 1.27 77 .004 19,499.19 253.24 374.98 PRINCIPAL SURGEON 4 14 1 ASSISTANT SURGEON 331.73 82.93 .000 82.93 .02 4 78 ANESTHESIOLOGIST 1,932.40 24.77 .005 138.03 .11 7 829.84 .000 829.84 DIALYSIS 118.55 .05 PATHOLOGY 130 241 1,929.58 8.01 .014 14.84 .11

RADIOLOGY	239	483	18,056.86	37.38	.028	75.55	1.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	54	7,009.82	129.81	.003	333.80	.41
OTHER SERVICES/ALL X-OVERS	2,813	9,783	126,918.08	12.97	.572	45.12	7.41
@PHARMACY	11,986	117,859 \$	3,516,664.19	\$ 29.84	6.885 \$	293.40	\$ 205.44
PRESCRIPTION DRUGS	11,870	58,016	3,448,888.29	59.45	3.389	290.56	201.48
SNF/ICF	3,846	23,959	1,222,098.55	51.01	1.400	317.76	71.39
OUTPATIENTS	8,157	34,057	2,226,789.74	65.38	1.990	272.99	130.08
MEDICAL SUPPLIES	894	59,843	67,775.90	1.13	3.496	75.81	3.96
@DENTIST	720	2,925 \$	136,143.05	\$ 46.54	.171 \$	189.09	\$ 7.95
VISITS - DIAGNOSTIC	474	1,735	21,264.27	12.26	.101	44.86	1.24
ORAL SURGERY	110	329	16,751.00	50.91	.019	152.28	.98
DRUGS	1	6	90.00	15.00	.000	90.00	.01
ANESTHESIA	7	8	800.00	100.00	.000	114.29	.05
PERIODONTICS	63	70	7,249.00	103.56	.004	115.06	.42
ENDODONTICS	39	53	12,080.00	227.92	.003	309.74	.71
RESTORATIVE DENTISTRY	158	377	33,606.37	89.14	.022	212.70	1.96
PROSTHETICS	8	10	385.00	38.50	.001	48.13	.02
DENTURES, STAYPLATES	123	330	43,791.32	132.70	.019	356.03	2.56
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	126.09	126.09	.000	126.09	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	16	6	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,514
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	NEEDY - AGED				
					MON		
17,118 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@OPTOMETRIST	371	1,012 \$	19,683.22	\$ 19.45	.059 \$		
DIAGNOSTIC AND ANC. PROCED	55	58	2,636.84	45.46	.003	47.94	.15
							0.0

						MC	NTHLY AVERA	ΔGE	
17,118 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	371	1,012	\$	19,683.22	\$ 19.45	.059	\$ 53.05	\$	1.15
DIAGNOSTIC AND ANC. PROCED	55	58		2,636.84	45.46	.003	47.94		.15
EYE APPLIANCES	280	793		14,206.19	17.91	.046	50.74		.83
OTHER OPTOMETRIC SERVICES	99	161		,	17.64	.009			.17
@CHIROPRACTOR	9	20	\$	334.40		.001		\$	
VISITS	5	14		234.08	16.72	.001	46.82		.01
OTHER SERVICES	4	6		100.32	16.72	.000	25.08		.01
@PODIATRIST	557	762	\$	4,100.44		.045	\$ 7.36	\$	
MEDICINE/INJECTIONS	3	3		135.80	45.27	.000	45.27		.01
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	554	759		3,964.64	5.22	.044	7.16		.23
@HOME HEALTH AGENCY	2	15	\$	1,058.92			\$ 529.46		.06
NURSE ANESTHESIST	10	76	\$	832.66	\$ 10.96	.004	\$ 83.27	\$.05
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	27.50	\$ 27.50	.000			.00
FAMILY NURSE PRACTITIONER	19	19	\$	473.11	\$ 24.90	.001			
@TOTAL HOSPITAL	1,157	7,315	\$	603,631.63	\$ 82.52	.427		\$	35.26
HOSP INPATIENT TOTAL	240	1,645		491,599.20	298.84	.096	2048.33		28.72
HSC HOSPITALS	27	165		,,00,.0,	1330.36	.010	8129.99		
NON-HSC HOSPITAL TOTAL	11	83		101,051.53	1217.49	.005	9186.50		5.90
ACCOMMODATIONS	11	83		52,265.85	629.71	.005	4751.44		3.05
ADMINISTRATIVE DAYS	4	14		3,044.98	217.50	.001	761.25		.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	7	69		49,220.87	713.35	.004	7031.55		2.88
ANCILLARIES	11	0		48,785.68	.00	.000	4435.06		2.85
INPATIENT CROSSOVERS	204	1,397		171,037.98	122.43	.082	838.42		9.99
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	944	5,670		112,032.43	19.76	.331	118.68		6.54
MEDICAL	90	132		4,458.97	33.78	.008	49.54		.26

SURGERY	25	28	1,595.06	56.97	.002	63.80	.09
PATHOLOGY	112	531	5,692.32	10.72	.031	50.82	.33
RADIOLOGY	117	162	10,878.35	67.15	.009	92.98	.64
ROOM USE	104	140	6,838.27	48.84	.008	65.75	.40
CROSSOVERS/ALL OTH OUTPTNT	799	4,677	82,569.46	17.65	.273	103.34	4.82
@COUNTY HOSPITAL TOTAL	23	72 \$	5,752.16CR \$	79.89CR	.004 \$	250.09CR\$.34CR
CO HOSPITAL INPATIENT TOTAL	1	10CR	8,286.59CR	828.66	.001CR	8286.59CR	.48CR
HSC HOSPITALS	0	11CR	10,065.00CR	915.00	.001CR	.00	.59CR
NON-HSC HOSPITALS TOTAL	1	1	1,778.41	1778.41	.000	1778.41	.10
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.01
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,547.11	.00	.000	1547.11	.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	22	82		2,534.43		30.91	.005		115.20		.15
MEDICAL	8	15		697.84		46.52	.001		87.23		.04
SURGERY	1	2		110.96		55.48	.000		110.96		.01
PATHOLOGY	1	25		275.40		11.02	.001		68.85		.02
	4										
RADIOLOGY	6	7		579.80		82.83	.000		96.63		.03
ROOM USE	10	15		556.54		37.10	.001		55.65		.03
CROSSOVERS/ALL OTH OUTPINT	10	18		313.89		17.44	.001		31.39		.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S M		EDOR			DEC		D	AGE 7,515
MOP024	FEE-FOR-SERVICE					1 1010 01110 2	1005 111110		2005		01/29/04
			77 37	DEDIC ACED							01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MEDICALI	IX IV	EEDY - AGED				O 3 T TTT		~ =	
							M				
17,118 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S (COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,136	7,243	\$	609,383.79	\$	84.13	.423	Ġ	536.43	Ś	35.60
COMM HOCD TNDATTENT TOTAL	220	1,655	т	499,885.79	-T	302.05	.097	т	2091.57	т.	29.20
HSC HOSPITALS	232	176		229,574.69		1304.40	.010		8502.77		13.41
nsc nospiials	27 10 10 3 0 7										
NON-HSC HOSPITALS TOTAL	10	82		99,273.12		1210.65	.005		9927.31		5.80
ACCOMMODATIONS	10	82		52,034.55		634.57	.005		5203.46		3.04
ADMINISTRATIVE DAYS	3	13		2,813.68		216.44	.001		937.89		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	69		49,220.87		713.35	.004		7031.55		2.88
ANGILLADIEC	10								4723.86		
ANCILLARIES	10	0		47,238.57		.00	.000				2.76
INPAILENT CROSSOVERS	204	1,397		171,037.98		122.43	.082		838.42		9.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	924	5,588		109,498.00		19.60	.326		118.50		6.40
MEDICAL	83	117		3,761.13		32.15	.007		45.31		.22
SURGERY	24	26		1,484.10		57.08	.002		61.84		.09
				5,416.92							
PATHOLOGY	108	506				10.71	.030		50.16		.32
RADIOLOGY	111	155		10,298.55		66.44	.009		92.78		.60
ROOM USE	96	125		6,281.73		50.25	.007		65.43		.37
CROSSOVERS/ALL OTH OUTPTNT	789	4,659		82,255.57		17.66	.272		104.25		4.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	Υ	.00	~	.00	.000	٧	.00	٧	.00
DEVIET OF DIGIDIED	0	0									
DEVELOP. DISABLED	789 0 0 0 4,051 0	_	_	.00	_	.00	.000	_	.00		.00
@NURSING FACILITY	4,051	119,848	\$	11,810,891.42	\$	98.55	7.001	\$	2915.55	Ş	689.97
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
		0									
LEV B-TRANSITIONAL IP CARE	4 051			.00		.00	.000		.00		.00
LEV B-REGULAR	4,051	119,848		11,810,891.42		98.55	7.001		2915.55		689.97
@INTERMEDIATE CARE FACILDD	0 4,051 51	1,955	\$	323,906.72	\$	165.68	.114	\$	6351.11	\$	18.92
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	51	1,955		323,906.72		165.68	.114		6351.11		18.92
	177		4	93,337.32	4			ė.	527.33	ė.	
@HEMODIALYSIS TOTAL		326	\$	•	\$	286.31		\$		Ş	5.45
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	177	326		93,337.32		286.31	.019		527.33		5.45
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000	•	.00	-	.00
INDEPENDENT FACILITY	0	Ö		.00		.00	.000		.00		.00
			4		4			4		4	
@LABORATORY FACILITY	351	1,751	\$	19,349.65	\$	11.05	.102	\$	55.13	\$	1.13
PATHOLOGY	290	1,643		18,402.43		11.20	.096		63.46		1.08
XO AND OTHERS	61	108		947.22		8.77	.006		15.53		.06
@ORGANIZED OUTPATIENT CLINIC	2,121	3,828	\$	188,356.63	\$	49.20	.224	\$	88.81	\$	11.00
CLINIC	11	33	•	519.81		15.75	.002	•	47.26	•	.03
SURGICENTER	184	264		11,832.73					64.31		
						44.82	.015				.69
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,969	3,531		176,004.09		49.85	.206		89.39		10.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S M	ONTH-OF-PAYMENT R	EPOR'	r for jan 2	2003 THRU	DEC	2003	P.	AGE 7,516
											•

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

			MONTHLY AVERAGE						
17,118 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@ALL OTHER PROVIDERS	2,226	92,996 \$	463,568.28	\$ 4.98	5.433 \$	208.25	\$ 27.08		
DURABLE MED. EQUIP.	101	1,061	51,244.47	48.30	.062	507.37	2.99		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	161	233	70,254.48	301.52	.014	436.36	4.10		
MEDICAL TRANSPORTATION	636	30,981	131,354.88	4.24	1.810	206.53	7.67		
AMBULANCES/AIR TRANS	153	1,438	21,321.21	14.83	.084	139.35	1.25		
OTHER TRANS	435	28,491	107,372.54	3.77	1.664	246.83	6.27		
OTHER SERVICES	82	1,052	2,661.13	2.53	.061	32.45	.16		
ACUPUNCTURE	8	28	504.16	18.01	.002	63.02	.03		
ADULT DAY HEALTH CARE CTR	63	893	62,027.81	69.46	.052	984.57	3.62		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	129	505	46,630.71	92.34	.030	361.48	2.72		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	480	1,103	15,718.82	14.25	.064	32.75	.92		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	23	51	249.92	4.90	.003	10.87	.01		
PROSTHETIST/ORTHOTISTS	40	71	2,387.31	33.62	.004	59.68	.14		
PROSTHETICS	39	70	2,350.31	33.58	.004	60.26	.14		
ORTHOTICS	1	1	37.00	37.00	.000	37.00	.00		
PSYCHOLOGIST	3	3	89.67	29.89	.000	29.89	.01		
SPEECH AND AUDIOLOGY	40	70	7,425.29	106.08	.004	185.63	.43		
HOSPICE SERVICES	14	153	16,075.66	105.07	.009	1148.26	.94		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	811	57,844	59,605.10	1.03	3.379	73.50	3.48		
@CALIF. CHILDREN SERVICES*	0	3CR \$	153.33CR		.000 \$.00	\$.01CR		
@XOVER EXCLUDING STATE HOSP**	4,911	54,405 \$	925,233.50	\$ 17.01	3.178 \$	188.40	\$ 54.05		
@* TOTAL IN THESE LINES ARE CIV				γ 1/.UI	2.1/0 \$	100.40	à 24.02		

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,517
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 183 ELIGIBLES UNITS OF SERVICE USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 159 454,674.89 \$ 24.21 102.634 \$ 2859.59 \$ 2484.56 18,782 @TOTAL, ALL PROVIDERS 8 5 0 3 0 2 1 37 @PHYSICIANS SERVICES 229 6,738.35 \$

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 29.43 1.251 \$ 182.12 \$ 36.82 12 3.85 OUTPATIENT VISITS OFFICE VISITS 1.29 0 .00 HOME VISITS 3 73.68 EMERGENCY ROOM 1.21 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI 1.35 0 OTHER OUTPATIENT .00 26 INPATIENT VISITS 5.42 26 HOSPITAL VISITS 5.42 0 0 6 6 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE .00 OPHTHALMOLOGICAL SERVICES 1.34 1.34 EXAMINATIONS SERVICES AND MATERIALS .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	3	50		2,987.27		59.75	.273		995.76		16.32
PRINCIPAL SURGEON	3	6		2,202.14		367.02	.033		734.05		12.03
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	44		785.13		17.84	.240		785.13		4.29
OUTPATIENT SURGERY	1	1		104.23		104.23	.005		104.23		.57
PRINCIPAL SURGEON	1	1		104.23		104.23	.005		104.23		.57
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	20		144.36		7.22	.109		36.09		.79
RADIOLOGY	6	39		946.23		24.26	.213		157.71		5.17
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	25	75		615.70		8.21	.410		24.63		3.36
@PHARMACY	130	9,554 \$;	37,098.98	\$	3.88	52.208	\$	285.38	\$	202.73
PRESCRIPTION DRUGS	125	607		34,386.14		56.65	3.317		275.09		187.90
SNF/ICF	88	494		28,373.74		57.44	2.699		322.43		155.05
OUTPATIENTS	38	113		6,012.40		53.21	.617		158.22		32.85
MEDICAL SUPPLIES	22	8,947		2,712.84		.30	48.891		123.31		14.82
@DENTIST	9	31 \$	5	1,633.00	\$	52.68	.169	\$	181.44	\$	8.92
VISITS - DIAGNOSTIC	6	9		250.00		27.78	.049		41.67		1.37
ORAL SURGERY	2	12		973.00		81.08	.066		486.50		5.32
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	9		360.00		40.00	.049		360.00		1.97
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		50.00		50.00	.005		50.00		.27
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-O	F-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 7,518
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	NEEDY -	BLIND							
							M	IONTH	ILY AVERA	GE -	

102 FLIGTRING	HORDO	INITEG OF GERMAN	DAND THE DEC	7. 7. 7.		TINTERIO / DATA	a	COCE DED	 COCH DED
183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST	/	_	COST PER	COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	2	5	\$ 62.96	\$	12.59	.027	\$	31.48	\$.34
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	1	3	53.11		17.70	.016		53.11	.29
OTHER OPTOMETRIC SERVICES	1	2	9.85		4.93	.011		9.85	.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	7	9	\$ 22.99	\$	2.55	.049	\$	3.28	\$.13
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	7	9	22.99		2.55	.049		3.28	.13
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$ 55.63	\$	18.54	.016	\$	18.54	\$.30
@TOTAL HOSPITAL	18	139	\$ 34,029.12	\$	244.81	.760	\$	1890.51	\$ 185.95
HOSP INPATIENT TOTAL	4	50	32,772.00		655.44	.273		8193.00	179.08
HSC HOSPITALS	2	26	31,120.00		1196.92	.142		15560.00	170.05

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	24	1,652.00	68.83	.131	826.00	9.03
ALL OTHER INPATIENT	2 0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	89	1,257.12	14.12	.486	83.81	6.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	69.29	11.55	.033	23.10	.38
RADIOLOGY		1	54.52	54.52	.033	54.52	.30
		8	296.84	37.11		59.37	1.62
ROOM USE	5	74	296.84 836.47		.044	92.94	
CROSSOVERS/ALL OTH OUTPTNT	9			11.30	.404		4.57
@COUNTY HOSPITAL TOTAL	0	- T		\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,519
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	ES FOR MEDICALLY	NEEDY - BLIND				
					MON	THLY AVERA	GE
183 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	139 \$	34,029.12	\$ 244.81	.760 \$	1890.51	\$ 185.95
COMM HOSP INPATIENT TOTAL	4	50	32,772.00	655.44	.273	8193.00	179.08
HSC HOSPITALS	2	26	31,120.00	1196.92	.142	15560.00	170.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ō	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	. 0.0	. 00	. 000	. 0.0	. 0.0

					MON	TILLI AVEKA	
183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	139 \$	34,029.12	\$ 244.81	.760 \$	1890.51	\$ 185.95
COMM HOSP INPATIENT TOTAL	4	50	32,772.00	655.44	.273	8193.00	179.08
HSC HOSPITALS	2	26	31,120.00	1196.92	.142	15560.00	170.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	24	1,652.00	68.83	.131	826.00	9.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	89	1,257.12	14.12	.486	83.81	6.87
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	69.29	11.55	.033	23.10	.38
RADIOLOGY	1	1	54.52	54.52	.005	54.52	.30
ROOM USE	5	8	296.84	37.11	.044	59.37	1.62
CROSSOVERS/ALL OTH OUTPTNT	9	74	836.47	11.30	.404	92.94	4.57
@STATE HOSPITAL	0	0 s	.00		.000 \$		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
	ŭ	· ·	.00		. 000		

@NURSING FACILITY	92	2,916	\$ 314,415.94	\$ 107.82	15.934	\$ 3417.56	\$ 1718.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	92	2,916	314,415.94	107.82	15.934	3417.56	1718.12
@INTERMEDIATE CARE FACILDD	9	256	\$ 34,106.52	\$ 133.23	1.399	\$ 3789.61	\$ 186.37
ICF DDH	9	256	34,106.52	133.23	1.399	3789.61	186.37
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	12	\$ 5,107.42	\$ 425.62	.066	\$ 510.74	\$ 27.91
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	12	5,107.42	425.62	.066	510.74	27.91
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	9	28 \$	394.61	\$	14.09	.153	\$ 43.85	\$	2.16
PATHOLOGY	8	27	393.64		14.58	.148	49.21		2.15
XO AND OTHERS	1	1	.97		.97	.005	.97		.01
@ORGANIZED OUTPATIENT CLINIC	32	60 \$	3,121.47	\$	52.02	.328	\$ 97.55	\$	17.06
CLINIC	2	4	40.00		10.00	.022	20.00		.22
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	30	56	3,081.47		55.03	.306	102.72		16.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU I	DEC 2003	PΑ	GE 7,520
MOP024	FEE-FOR-SERVICE/DENT	'AL							01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - BLIND						
						MC	ONTHLY AVERA	GE -	
183 ELIGIBLES	USERS UNIT	'S OF SERVICE	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	S COST PER	C	OST PER
	OR	DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE

183 ELIGIBLES	USERS	UNITS OF SERVICE	F	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	37	5,540	\$	17,887.90	\$ 3.23	30.273		•
DURABLE MED. EQUIP.	1	9		478.82	53.20	.049	478.82	2.62
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	955		11,974.00	12.54	5.219	544.27	65.43
AMBULANCES/AIR TRANS	2	79		2,674.29	33.85	.432	1337.15	14.61
OTHER TRANS	19	873		7,478.97	8.57	4.770	393.63	40.87
OTHER SERVICES	2	3		1,820.74	606.91	.016	910.37	9.95
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	3		259.66	86.55	.016	129.83	1.42
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	3		33.25	11.08	.016	16.63	.18
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	2	33		3,611.85	109.45	.180	1805.93	19.74
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3		31.20	10.40	.016	31.20	.17
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	4,534		1,499.12	.33	24.776	107.08	8.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	56	11,434	\$	19,768.83	\$ 1.73		\$ 353.01	\$ 108.03
* TOTAL THE THEOR LINES AND CITY	ידאד אכן א כודות	DATE TATEODMATTON T	TITIM ONTE SZ	•				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,521
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

THEREBE COUNTY	DOINING OF DEEL	VICED FOR THEFTER								
						MO	NT	HLY AVERA	.GE	
8,035 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	6,750	178,296	\$ 7,496,786.10	\$	42.05	22.190	\$	1110.63	\$	933.02
@PHYSICIANS SERVICES	2,112	12,418	\$ 429,146.85	\$	34.56	1.545	\$	203.19	\$	53.41
OUTPATIENT VISITS	510	762	29,577.71		38.82	.095		58.00		3.68
OFFICE VISITS	360	530	17,037.20		32.15	.066		47.33		2.12
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	156	187	11,219.60		60.00	.023		71.92		1.40

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	38	45	1,320.91	29.35	.006	34.76	.16
INPATIENT VISITS	243	1,393	58,080.51	41.69	.173	239.01	7.23
HOSPITAL VISITS	180	1,251	48,982.03	39.15	.156	272.12	6.10
CRITICAL CARE	13	56	6,476.24	115.65	.007	498.17	.81
SNF/ICF/TRANS IP CARE	65	86	2,622.24	30.49	.011	40.34	.33
OPHTHALMOLOGICAL SERVICES	39	55	2,256.05	41.02	.007	57.85	.28
	39	55		41.02	.007	57.85	.28
EXAMINATIONS			2,256.05				
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	94	478	40,483.85	84.69	.059	430.68	5.04
PRINCIPAL SURGEON	76	128	30,917.49	241.54	.016	406.81	3.85
ASSISTANT SURGEON	7	8	1,952.20	244.03	.001	278.89	.24
ANESTHESIOLOGIST	27	342	7,614.16	22.26	.043	282.01	.95
OUTPATIENT SURGERY	107	284	17,586.52	61.92	.035	164.36	2.19
PRINCIPAL SURGEON	94	142	15,331.91	107.97	.018	163.11	1.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	17	142	2,254.61	15.88	.018	132.62	. 28
DIALYSIS	37	60	9,043.60	150.73	.007	244.42	1.13
PATHOLOGY	125	532	3,992.53	7.50	.066	31.94	.50
RADIOLOGY	406	1,148	46,153.94	40.20	.143	113.68	5.74
	5						
PSYCHIATRY		5	116.10	23.22	.001	23.22	.01
IMMUNIZATION AND INJECTION	59	3,510	152,667.57	43.50	.437	2587.59	19.00
OTHER SERVICES/ALL X-OVERS	1,359	4,191	69,188.47	16.51	.522	50.91	8.61
@PHARMACY	5,230	83,788 \$	2,077,114.05	\$ 24.79	10.428 \$	397.15	\$ 258.51
PRESCRIPTION DRUGS	5,129	25,014	1,991,894.38	79.63	3.113	388.36	247.90
SNF/ICF	668	3,805	259,963.31	68.32	.474	389.17	32.35
OUTPATIENTS	4,488	21,209	1,731,931.07	81.66	2.640	385.90	215.55
MEDICAL SUPPLIES	587	58,774	85,219.67	1.45	7.315	145.18	10.61
@DENTIST	444	2,016 \$	87,179.04	\$ 43.24	.251 \$	196.35	
VISITS - DIAGNOSTIC	296	1,233	14,657.98	11.89	.153	49.52	1.82
ORAL SURGERY	56	157	8,729.00	55.60	.020	155.88	1.09
DRUGS	3	12	135.00	11.25	.001	45.00	.02
ANESTHESIA	5	6	600.00	100.00	.001	120.00	.07
PERIODONTICS	64	73	8,498.00	116.41	.009	132.78	1.06
ENDODONTICS	26	42	10,310.00	245.48	.005	396.54	1.28
RESTORATIVE DENTISTRY	116	373	29,723.00	79.69	.046	256.23	3.70
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	44	94	13,039.02	138.71	.012	296.34	1.62
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	10	10	1,457.04	145.70	.001	145.70	.18
MAXILLOFACIAL SERVICES			•				
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	14	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 7,522
MOP024	FEE-FOR-SERVICE						01/29/04
MERCED COUNTY		ICES FOR MEDICALLY	TEEDV - DIGNOTED				01/23/01
MERCED COUNTY	SUMMAKI OF SERV	ICES FOR MEDICALLII	NEEDI - DISABIED		MONTH	TIT 37 3 3 7 7 11 1 3 7	7.0
0 005					MONT		
8,035 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	180	497 \$	9,916.54	\$ 19.95	.062 \$	55.09	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	49	49	2,253.89	46.00	.006	46.00	.28
EYE APPLIANCES	140	401	6,683.64	16.67	.050	47.74	.83
OTHER OPTOMETRIC SERVICES	32	47	979.01	20.83	.006	30.59	.12
@CHIROPRACTOR	12	22 \$	296.25	\$ 13.47	.003 \$	24.69	
VISITS	4	8	133.76	16.72	.001	33.44	.02
OTHER SERVICES	8	14	162.49	11.61	.002	20.31	.02
@PODIATRIST	101	153 \$	1,137.95	\$ 7.44	.019 \$	11.27	
MEDICINE/INJECTIONS	2	2	30.80	15.40	.000	15.40	.00
	0	0					
SURGERY/ANES.	U	U	.00	.00	.000	.00	.00

	0	•		0.0		0.0	000		0.0		0.0
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	99	151		1,107.15		7.33	.019		11.18		.14
@HOME HEALTH AGENCY	27	949 \$	5	34,156.88	\$	35.99	.118	\$	1265.07	\$	4.25
NURSE ANESTHESIST	6	48	5	414.32	\$	8.63	.006	\$	69.05	\$.05
NURSE MIDWIFE	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	10	10	ξ.	335.44	\$	33.54	.001	\$	33.54	\$.04
@TOTAL HOSPITAL	895	6,761	<u> </u>	1,526,163.47	\$	225.73	.841		1705.21	\$	189.94
	173		?		Ą			Ą		Ą	
HOSP INPATIENT TOTAL		1,529		1,401,457.96		916.58	.190	_	8100.91		174.42
HSC HOSPITALS	112	1,042		1,231,210.66		1181.58	.130	-	10992.95		153.23
NON-HSC HOSPITAL TOTAL	18	158		119,916.53		758.97	.020		6662.03		14.92
ACCOMMODATIONS	18	158		44,926.82		284.35	.020		2495.93		5.59
ADMINISTRATIVE DAYS	10	116		26,573.24		229.08	.014		2657.32		3.31
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	42		18,353.58		436.99	.005		2294.20		2.28
ANCILLARIES	18	0		74,989.71		.00	.000		4166.10		9.33
INPATIENT CROSSOVERS	48	329		50,330.77		152.98	.041		1048.56		6.26
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	767	5,232		124,705.51		23.84	.651		162.59		15.52
MEDICAL	159	410		14,774.70		36.04	.051		92.92		1.84
SURGERY	54	59		2,561.68		43.42	.007		47.44		.32
PATHOLOGY	189	969		10,250.23		10.58	.121		54.23		1.28
RADIOLOGY	168	483		35,495.27		73.49	.060		211.28		4.42
ROOM USE	221	348		14,693.28		42.22	.043		66.49		1.83
CROSSOVERS/ALL OTH OUTPTNT	510	2,963		46,930.35		15.84	.369		92.02		5.84
@COUNTY HOSPITAL TOTAL	32	335	5	190,630.38	\$	569.05		\$	5957.20	\$	23.73
CO HOSPITAL INPATIENT TOTAL	11	149		184,647.78	•	1239.25	.019		16786.16	•	22.98
HSC HOSPITALS	10	130		162,715.00		1251.65	.016		16271.50		20.25
NON-HSC HOSPITALS TOTAL	2	19		21,932.78		1154.36	.002		10966.39		2.73
ACCOMMODATIONS	2	19		4,394.70		231.30	.002	-	2197.35		.55
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	5		1,156.50		231.30	.002		1156.50		.14
	0	0									
TRANSITIONAL IP CARE				.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	14		3,238.20		231.30	.002		3238.20		.40
ANCILLARIES	2	0		17,538.08		.00	.000		8769.04		2.18
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	23	186		5,982.60		32.16	.023		260.11		.74
MEDICAL	14	47		1,551.98		33.02	.006		110.86		.19
SURGERY	0	0		50.56		.00	.000		.00		.01
PATHOLOGY	8	38		449.67		11.83	.005		56.21		.06
RADIOLOGY	6	11		1,261.45		114.68	.001		210.24		.16
ROOM USE	13	25		891.65		35.67	.003		68.59		.11
CROSSOVERS/ALL OTH OUTPTNT	13	65		1,777.29		27.34	.008		136.71		.22
			7 1/0					DEG		ъ.	
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	5 MO	NIH-OF-PAIMENI RI	EPOR	I FOR JAN	2003 IHRU	DEC	2003	PF	AGE 7,523
MOP024	FEE-FOR-SERVICE/										01/29/04
MERCED COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	NE	EDY - DISABLED			_			~-	
									HLY AVERA		
8,035 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PE:		PER ELIC	3	USER	J	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	869	6,426	5	1,335,533.09	\$	207.83	.800	\$	1536.86	\$	166.21
COMM HOSP INPATIENT TOTAL	162	1,380		1,216,810.18		881.75	.172		7511.17		151.44
HSC HOSPITALS	102	912		1,068,495.66		1171.60	.114	1	10475.45		132.98
NON-HSC HOSPITALS TOTAL	16	139		97,983.75		704.92	.017		6123.98		12.19
ACCOMMODATIONS	16	139		40,532.12		291.60	.017		2533.26		5.04
ADMINISTRATIVE DAYS	9	111		25,416.74		228.98	.014		2824.08		3.16
	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	7										.00
ALL OTHER ACCOM		28		15,115.38		539.84	.003		2159.34		1.88
ANCILLARIES	16	0		57,451.63		.00	.000		3590.73		7.15
INPATIENT CROSSOVERS						1 = 0 - 0 - 0					
	48	329		50,330.77		152.98	.041		1048.56		6.26
ALL OTHER INPATIENT	48 0	329 0		50,330.77 .00		152.98 .00	.041		1048.56		6.26 .00

COMM HOSP OUTPATIENT TOTAL	748	5,046		118,722.91		23.53	.628		158.72		14.78
MEDICAL	145	363		13,222.72		36.43	.045		91.19		1.65
SURGERY	54	59		2,511.12		42.56	.007		46.50		.31
PATHOLOGY	181	931		9,800.56		10.53	.116		54.15		1.22
RADIOLOGY	162	472		9,800.56 34,233.82 13,801.63		10.53 72.53 42.73	.059		211.32		4.26
ROOM USE	210	323		13,801.63		42.73	.040		65.72		1.72
		2,898		45,153.06		15.58	.361		90.67		5.62
@STATE HOSPITAL	12	346	\$	135,907.28	\$	392.80	.043	\$:	11325.61	\$	16.91
MENTALLY ILL	0	0	•	.00		.00	.000	•	.00	•	.00
DEVELOP. DISABLED	12	346		135,907.28		392.80	.043		11325.61		16.91
@NURSING FACILITY	536	15,014	\$	1,665,610.14	\$	110.94	1.869	\$	3107.48	\$	207.29
LEV A-INTERMEDIATE	0	. 0	•	.00		.00	.000	•	.00	•	.00
LEV B-REHAB MD	21	678		66,615.00		98.25	.084		3172.14		8.29
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	10	320		.00 132,732.75 .00 1,466,262.39		414.79	.040		13273.28		16.52
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	505	14,016		1,466,262.39		104.61	1.744		2903.49		182.48
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH	173	5,871	\$	916,265.79	\$	156.07	.731	\$	5296.33	\$	114.03
ICF DDH	70	2,255		308,456.85		136.79	.281	•	4406.53	•	38.39
ICF DD	0	0		.00 607,808.94		.00	.000		.00		.00
ICF DDN/DDCN	103	3,616		607,808.94		168.09	.450		5901.06		75.65
@INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	191	2,200	\$	169,115.52		76.87	.274	\$	885.42	\$	21.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	191	2,200 175		169,115.52		76.87	.274		885.42		21.05
@REHABILITATION FACILITY	9	175 35 140	\$	3,923.09	\$	22.42	.022	\$	435.90	\$.49
HOSPITAL BASED	4	35		1,049.95		30.00	.004		262.49		.13
INDEPENDENT FACILITY	6	140		2,873.14		20.52	.017		478.86		.36
@LABORATORY FACILITY	414	2,042	\$	22,535.19	\$	11.04	.254	\$	54.43	\$	2.80
PATHOLOGY	377	1,996		22,067.02		11.06	.248		58.53		2.75
		46		468.17		10.18	.006		12.65		.06
@ORGANIZED OUTPATIENT CLINIC	1,165	2,016	\$	143,542.71	\$	71.20	.251				17.86
CLINIC	34	69		1,327.69		19.24	.009		39.05		.17
SURGICENTER	77	123		4,089.21		33.25	.015		53.11		.51
HEROIN DETOX CLINIC	4	47		487.83		10.38	.006		121.96		.06
RURAL HEALTH CLINIC	1,077	1,777		137,637.98		77.46	.221		127.80		17.13
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 7,524
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
MERCED COUNTY	SUMMARY OF SERVICES F	OR MEDICA	LLY	NEEDY - DISABLED							
							M	ONTI	HLY AVERA	GE -	

8,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,086	43,970 \$	5	274,025.59	\$ 6.23	5.472	252.33	
DURABLE MED. EQUIP.	85	305		48,004.13	157.39	.038	564.75	5.97
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	33		6,438.51	195.11	.004	338.87	.80
MEDICAL TRANSPORTATION	254	10,785		75,504.07	7.00	1.342	297.26	9.40
AMBULANCES/AIR TRANS	132	2,495		27,005.13	10.82	.311	204.58	3.36
OTHER TRANS	102	8,021		35,953.97	4.48	.998	352.49	4.47
OTHER SERVICES	35	269		12,544.97	46.64	.033	358.43	1.56
ACUPUNCTURE	1	5		81.10	16.22	.001	81.10	.01
ADULT DAY HEALTH CARE CTR	7	58		3,997.45	68.92	.007	571.06	.50
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	12	38		3,930.13	103.42	.005	327.51	.49
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	248	596		8,314.21	13.95	.074	33.53	1.03
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	12	28		272.58	9.74	.003	22.72	.03
PROSTHETIST/ORTHOTISTS	33	88		3,889.55	44.20	.011	117.87	.48
PROSTHETICS	32	87		3,810.55	43.80	.011	119.08	.47
ORTHOTICS	1	1		79.00	79.00	.000	79.00	.01

PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	12	20	638.67	31.93	.002		53.22	.08
HOSPICE SERVICES	29	846	88,512.00	104.62	.105	30	052.14	11.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	46	506	3,003.12	5.94	.063		65.29	.37
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	441	30,661	31,335.07	1.02	3.816		71.05	3.90
@CALIF. CHILDREN SERVICES*	58	2,607	\$ 106,622.34	\$ 40.90	.324	\$ 18	338.32	\$ 13.27
@XOVER EXCLUDING STATE HOSP**	1,837	19,283	\$ 283,673.51	\$ 14.71	2.400	\$	154.42	\$ 35.30

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,525 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

354,216 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES
AVERAGE COST ONLISTED SERVICE
PER UNIT/DAY PER ELIG
USER

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

ELIGIBLE

@OPTOMETRIST	2,950	8,703	\$	210,995.16	\$	24.24	.025	\$	71.52	\$.60
DIAGNOSTIC AND ANC. PROCED	1,823	1,832		83,872.24		45.78	.005		46.01		. 24
EYE APPLIANCES	2,262	6,302		95,404.59		15.14	.018		42.18		.27
OTHER OPTOMETRIC SERVICES	546	569		31,718.33		55.74	.002		58.09		.09
@CHIROPRACTOR	522	846	\$	14,019.27	\$	16.57	.002	Ś	26.86	\$.04
	521		Ÿ		Y	16.57	.002	Ÿ		Ų	
VISITS		844		13,985.83					26.84		.04
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	63	106	\$	3,361.49	\$	31.71	.000	\$	53.36	\$.01
MEDICINE/INJECTIONS	45	53		1,743.21		32.89	.000		38.74		.00
SURGERY/ANES.	6	8		886.89		110.86	.000		147.82		.00
RADIO./PATHOLOGY	3	5		86.50		17.30	.000		28.83		.00
OTHER	14	40		644.89		16.12	.000		46.06		.00
@HOME HEALTH AGENCY	158	592	\$	42,630.73	4	72.01	.002	ė,	269.81	4	.12
					\$			\$			
NURSE ANESTHESIST	2	16	\$	245.18	\$	15.32	.000	\$	122.59	\$.00
NURSE MIDWIFE	2	3	\$	181.44	\$	60.48	.000	\$	90.72	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	29	38	\$	1,455.91	\$	38.31	.000	\$	50.20	\$.00
@TOTAL HOSPITAL	19,514 2,459	77,909	\$	14,149,485.56	Ś	181.62	.220	\$	725.09	\$	39.95
HOSP INPATIENT TOTAL	2 459	9,675	т	12,317,077.56	т.	1273.08	.027	т.	5008.98	-	34.77
HSC HOSPITALS	2,055	8,191		10,303,757.01		1257.94	.023		5013.99		29.09
	•										
NON-HSC HOSPITAL TOTAL	412	1,445		2,008,059.93		1389.66	.004		4873.93		5.67
ACCOMMODATIONS	412	1,445		606,835.03		419.96	.004		1472.90		1.71
ADMINISTRATIVE DAYS	12	62		14,323.43		231.02	.000		1193.62		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	401	1,383		592,511.60		428.42	.004		1477.59		1.67
ANCILLARIES	412	0		1,401,224.90		.00	.000		3401.03		3.96
INPATIENT CROSSOVERS	7	39		5,260.62		134.89	.000		751.52		.01
ALL OTHER INPATIENT	,	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	15 500										
HOSP OUTPATIENT TOTAL	17,709	68,234		1,832,408.00		26.85	.193		103.47		5.17
MEDICAL	0 401 412 7 0 17,709 5,235 1,491 6.312	7,297		276,344.16		37.87	.021		52.79		.78
SURGERY	1,491	1,696		71,698.94		42.28	.005		48.09		.20
PATHOLOGY	6,312	24,159		255,518.50		10.58	.068		40.48		.72
RADIOLOGY	5,098	6,694		410,566.79		61.33	.019		80.53		1.16
ROOM USE	10,546	13,155		520,345.64		39.55	.037		49.34		1.47
CROSSOVERS/ALL OTH OUTPTNT		15,233		297,933.97		19.56	.043		43.55		.84
	141		4		\$			4		4	
@COUNTY HOSPITAL TOTAL	141	655	\$	140,495.96	Þ	214.50		\$	996.43	Ş	.40
CO HOSPITAL INPATIENT TOTAL		100		125,020.77		1250.21	.000		4808.49		.35
HSC HOSPITALS	26	98		123,152.28		1256.66	.000		4736.63		.35
NON-HSC HOSPITALS TOTAL	1	2		1,868.49		934.25	.000		1868.49		.01
ACCOMMODATIONS	1	2		462.60		231.30	.000		462.60		.00
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.00
TRANSITIONAL IP CARE	0	2 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		1,405.89		.00	.000		1405.89		.00
	0			•							
INPATIENT CROSSOVERS		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	124	555		15,475.19		27.88	.002		124.80		.04
MEDICAL	37	51		2,203.24		43.20	.000		59.55		.01
SURGERY	14	17		1,149.22		67.60	.000		82.09		.00
PATHOLOGY	42	184		2,386.96		12.97	.001		56.83		.01
RADIOLOGY	27	45		1,731.02		38.47	.000		64.11		.00
	79	109		4,326.30		39.69			54.76		.01
ROOM USE							.000				
CROSSOVERS/ALL OTH OUTPTNT		149		3,678.45		24.69	.000		54.90		.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU 1	DEC	2003	P	AGE 7,527
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	JICES FOR MEDICAL	LY N	IEEDY - FAMILIES							
							Mo	ONT	HLY AVERA	GE -	
354,216 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE					PER ELIG		USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,389	77,254	\$	14,008,989.60	\$	181.34	.218		722.52		39.55
	•	•									

COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOPO24 MERCED COUNTY 354,216 ELIGIBLES	2,435	9,575	12,192,056.79	1273.32	.027 .023 .004 .004 .000 .000 .000 .000 .000 .191 .020 .005 .068 .019 .037 .043 .000 .000	5007.00	34.	42
HSC HOSPITALS	2,031	8,093	10,180,604.73	1257.95	.023	5012.61	28.	74
NON-HSC HOSPITALS TOTAL	411	1,443	2,006,191.44	1390.29	.004	4881.24	5.	66
ACCOMMODATIONS	411	1,443	606,372.43	420.22	.004	1475.36	1.	71
ADMINISTRATIVE DAYS	11	60	13,860.83	231.01	.000	1260.08		04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
ALL OTHER ACCOM	401	1,383	592,511.60	428.42	.004	1477.59	1.	67
ANCILLARIES	411	0	1,399,819.01	.00	.000	3405.89	3.	95
INPATIENT CROSSOVERS	7	39	5,260.62	134.89	.000	751.52		01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		00
COMM HOSP OUTPATIENT TOTAL	17,597	67,679	1,816,932.81	26.85	.191	103.25	5.	13
MEDICAL	5,199	7,246	274,140.92	37.83	.020	52.73		77
SURGERY	1,477	1,679	70,549.72	42.02	.005	47.77		20
PATHOLOGY	6,272	23,975	253,131.54	10.56	.068	40.36		71
RADIOLOGY	5,076	6,649	408,835.77	61.49	.019	80.54	1.	15
ROOM USE	10,474	13,046	516,019.34	39.55	.037	49.27	1.	46
CROSSOVERS/ALL OTH OUTPTNT	6,776	15,084	294,255.52	19.51	.043	43.43		83
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.	00
MENTALLY ILL	0	0	.00	.00	.000	.00		00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		00
@NURSING FACILITY	27	584 \$	154,761.57	\$ 265.00	.002 \$	5731.91	\$.	44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		00
LEV B-SUBACUTE HSPTL BASED	5	151	100,010.95	662.32	.000	20002.19		28
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		00
LEV B-REGULAR	22	433	54,750.62	126.44	.001	2488.66		15
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.	00
ICF DDH	0	0	.00	.00	.000	.00		00
ICF DD	0	0	.00	.00	.000	.00		00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		00
@HEMODIALYSIS TOTAL	93	4,472 \$	251,563.45	\$ 56.25	.013 \$	2704.98	\$.	71
HOSPITAL BASED	7	190	94,597.88	497.88	.001	13513.98		27
HEMODIALYSIS CENTER	86	4,282	156,965.57	36.66	.012	1825.18		44
@REHABILITATION FACILITY	134	781 \$	19,642.29	\$ 25.15	.002 \$	146.58	\$.	06
HOSPITAL BASED	91	313	10,504.01	33.56	.001	115.43		03
INDEPENDENT FACILITY	44	468	9,138.28	19.53	.001	207.69		03
@LABORATORY FACILITY	13,955	46,322 \$	640,386.75	\$ 13.82	.131 \$	45.89	\$ 1.	81
PATHOLOGY	13,930	46,290	638,971.90	13.80	.131	45.87	1.	80
XO AND OTHERS	31	32	1,414.85	44.21	.000	45.64		00
@ORGANIZED OUTPATIENT CLINIC	41,348	70,885 \$	6,348,780.97	\$ 89.56	.200 \$	153.55	\$ 17.	92
CLINIC	3,494	12,523	282,639.99	22.57	.035	80.89		80
SURGICENTER	1,133	4,030	161,099.07	39.97	.011	142.19		45
HEROIN DETOX CLINIC	3	33	370.29	11.22	.000	123.43		00
RURAL HEALTH CLINIC	3/,468	54,299	5,904,6/1.62	108.74	.153	15/.59	16.	6/
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE /	,528
MOPUZ4	FEE-FOR-SERVICE	C/DENTAL	NIDERY DAMES TOO				01/2	.9/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - FAMILIES		MON	ת משונג אנודים	יחר	
354,216 ELIGIBLES	HCEDC	INITE OF CERVICE	EXPENDITURES	AVERAGE COST	INTEC / DAVC	COCH DED	COST P	סים (
334,210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	DED ELIC	COST PER USER	ELIGIE	TER.
@ALL OTHER PROVIDERS	15,882	108,178 \$	1,081,637.90	\$ 10.00	.305 \$	68.10		. 05
DURABLE MED. EQUIP.	297	892	106,473.09	119.36	.003	358.50		. 30
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	43	128	14,966.93	116.93	.000	348.07		.04
MEDICAL TRANSPORTATION	1,456	22,430	376,305.13	16.78	.063	258.45		.04
AMBULANCES/AIR TRANS	1,448	22,430	254,105.37	11.79	.063	258.45 175.49		. 72
OTHER TRANS	1,448 4	21,544 811	254,105.37	2.65	.002	537.44		. 72
OTHER TRANS OTHER SERVICES	67	75	120,050.01	1600.67	.002	1791.79		.34
ACUPUNCTURE	89	173	3,299.27	19.07	.000	37.07		.01
ACOFONCIONE	OJ	1/3	3,299.21	19.07	.000	31.07	•	0.1

ADULT DAY HEALTH CARE CTR	2	3	219.18		73.06	000	109.59	.00
GENETIC DISEASE TESTING	699	701	72,407.25	1	03.29	002	103.59	.20
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	000	.00	.00
OPTICIAN	3,549	8,156	87,952.99		10.78	023	24.78	.25
PHYSICAL THERAPIST	2	7	325.27		46.47	000	162.64	.00
PORTABLE X-RAY	0	0	.00		.00	000	.00	.00
PROSTHETIST/ORTHOTISTS	490	906	62,096.67		68.54	003	126.73	.18
PROSTHETICS	266	636	44,637.54		70.18	002	167.81	.13
ORTHOTICS	238	270	17,459.13		64.66	001	73.36	.05
PSYCHOLOGIST	3	26	1,414.87		54.42	000	471.62	.00
SPEECH AND AUDIOLOGY	134	325	18,352.03		56.47	001	136.96	.05
HOSPICE SERVICES	1	4	477.56	1	19.39	000	477.56	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	000	.00	.00
LOCAL EDUCATION AGENCIES	9,082	32,299	313,813.22		9.72	091	34.55	.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	000	.00	.00
ALL OTHER PROVIDERS	260	42,128	23,534.44		.56	119	90.52	.07
@CALIF. CHILDREN SERVICES*	1,608	14,068	\$ 4,357,067.15	\$ 3	09.71	040	2709.62	\$ 12.30
@XOVER EXCLUDING STATE HOSP**	532	7,587	\$ 72,134.68	\$	9.51	021	\$ 135.59	\$.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 7,529

01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

MERCED COUNTY	DOMMANT OF DER	VICES FOR MEDICALLI N	EEDI TOTAL				
					MON		-
379,552 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	161,933	1,315,496 \$	64,556,124.05	\$ 49.07	3.466 \$		\$ 170.09
@PHYSICIANS SERVICES	55,284	148,756 \$		\$ 41.48	.392 \$		
OUTPATIENT VISITS	36,660	50,372	1,959,965.27	38.91	.133	53.46	5.16
OFFICE VISITS	25,354	31,756	1,055,617.73	33.24	.084	41.64	2.78
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	8,367	9,197	467,376.28	50.82	.024	55.86	1.23
PREVENTIVE CARE	15	15	570.58	38.04	.000	38.04	.00
OB VISITS/COMPRE PERI	3,293	7,612	379,184.29	49.81	.020	115.15	1.00
OTHER OUTPATIENT	1,629	1,791	57,191.19	31.93	.005	35.11	.15
INPATIENT VISITS	2,993	11,154	718,387.40	64.41	.029	240.02	1.89
HOSPITAL VISITS	2,776	8,670	373,090.52	43.03	.023	134.40	.98
CRITICAL CARE	254	2,342	340,627.11	145.44	.006	1341.05	.90
SNF/ICF/TRANS IP CARE	82	142	4,669.77	32.89	.000	56.95	.01
OPHTHALMOLOGICAL SERVICES	709	802	35,246.51	43.95	.002	49.71	.09
EXAMINATIONS	699	792	35,024.95	44.22	.002	50.11	.09
SERVICES AND MATERIALS	10	10	221.56	22.16	.000	22.16	.00
INPATIENT HOSPITAL SURGERY	2,715	9,700	1,308,155.22	134.86	.026	481.83	3.45
PRINCIPAL SURGEON	2,019	2,454	1,071,773.84	436.75	.006	530.84	2.82
ASSISTANT SURGEON	396	398	68,328.97	171.68	.001	172.55	.18
ANESTHESIOLOGIST	797	6,848	168,052.41	24.54	.018	210.86	.44
OUTPATIENT SURGERY	3,364	8,592	594,766.98	69.22	.023	176.80	1.57
PRINCIPAL SURGEON	2,710	3,488	469,058.04	134.48	.009	173.08	1.24
ASSISTANT SURGEON	46	46	4,997.94	108.65	.000	108.65	.01
ANESTHESIOLOGIST	1,026	5,058	120,711.00	23.87	.013	117.65	.32
DIALYSIS	98	169	23,997.75	142.00	.000	244.88	.06
PATHOLOGY	5,815	11,640	79,897.00	6.86	.031	13.74	.21
RADIOLOGY	11,930	18,478	628,422.52	34.01	.049	52.68	1.66
PSYCHIATRY	5	5	116.10	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	1,336	7,871	248,846.26	31.62	.021	186.26	.66
OTHER SERVICES/ALL X-OVERS	10,746	29,973	573,210.29	19.12	.079	53.34	1.51

@PHARMACY	89,717	437,261	\$ 13,559,099.39	\$ 31.01	1.152	\$ 151.13	\$ 35.72
PRESCRIPTION DRUGS	88,552	260,548	13,018,131.37	49.96	.686	147.01	34.30
SNF/ICF	4,624	28,336	1,513,631.60	53.42	.075	327.34	3.99
OUTPATIENTS	84,091	232,212	11,504,499.77	49.54	.612	136.81	30.31
MEDICAL SUPPLIES	4,531	176,713	540,968.02	3.06	.466	119.39	1.43
@DENTIST	16,532	91,078	\$ 3,064,763.07	\$ 33.65	.240	\$ 185.38	\$ 8.07
VISITS - DIAGNOSTIC	11,640	58,845	767,522.00	13.04	.155	65.94	2.02
ORAL SURGERY	2,346	4,651	277,727.84	59.71	.012	118.38	.73
DRUGS	275	518	8,760.00	16.91	.001	31.85	.02
ANESTHESIA	212	218	21,100.00	96.79	.001	99.53	.06
PERIODONTICS	953	996	108,091.30	108.53	.003	113.42	.28
ENDODONTICS	1,598	2,997	414,168.20	138.19	.008	259.18	1.09
RESTORATIVE DENTISTRY	6,034	19,303	1,182,432.92	61.26	.051	195.96	3.12
PROSTHETICS	57	62	1,675.00	27.02	.000	29.39	.00
DENTURES, STAYPLATES	384	1,289	121,666.95	94.39	.003	316.84	.32
SPACE MAINTAINERS	138	162	17,613.00	108.72	.000	127.63	.05

MAXILLOFACIAL SERVICES	339	348	36,366.28	104.50	.001	107.28	.10
FRACTURES, DISLOCATIONS	2	2	800.00	400.00	.000	400.00	.00
ORTHODONTIC SERVICES	1,101	1,343	103,782.50	77.28	.004	94.26	.27
ALL OTHER SERVICES	431	344	3,057.08	8.89	.001	7.09	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,530
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - TOTAL				
					MON	THLY AVERA	GE

MERCED COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LY N	EEDY - TOTAL							
MERCED COUNTY 379,552 ELIGIBLES POPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES PCHIROPRACTOR VISITS OTHER SERVICES PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER PHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER PAMILY NURSE PRACTITIONER PAMILY NURSE PRACTITIONER ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT COUNTY HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY				- 			M	CNT	HLY AVERA	.GE	
379,552 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3,503	10,217	\$	240,657.88	\$	23.55	.027	\$	68.70	\$.63
DIAGNOSTIC AND ANC. PROCED	1.927	1.939	•	88.762.97	•	45.78	.005	•	46.06		. 23
EYE APPLIANCES	2.683	7.499		116.347.53		15.52	.020		43.36		.31
OTHER OPTOMETRIC SERVICES	678	779		35.547.38		45.63	.002		52.43		. 09
DCHIROPRACTOR	543	888	Ś	14 649 92	Ś	16 50	002	Ś	26 98	Ś	04
VISITS	530	866	٧	14 353 67	Y	16.50	002	Y	27 08	Y	04
OTHER GERVICES	13	22		296 25		13.47	000		27.00		.00
STODIATRICT	720	1 020	خ	0 622 07	Ċ	0 27	.000	ė.	11 01	ė.	.00
MEDICINE /INTEGRIONS	720	1,030	Ą	1 000 01	Ą	22 02	.003	Ą	11.04	Ą	.02
MEDICINE/INDECTIONS	50	20		1,909.01		34.93	.000		147 00		.01
SURGERY/ANES.	6	8		886.89		110.86	.000		147.82		.00
RADIO./PATHOLOGY	3	5		86.50		17.30	.000		28.83		.00
OTHER	674	959	4.	5,739.67		5.99	.003		8.52		.02
BHOME HEALTH AGENCY	187	1,556	Ş	77,846.53	Ş	50.03	.004	Ş	416.29	Ş	.21
NURSE ANESTHESIST	18	140	\$	1,492.16	\$	10.66	.000	Ş	82.90	Ş	.00
NURSE MIDWIFE	2	3	\$	181.44	\$	60.48	.000	\$	90.72	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	27.50	\$	27.50	.000	\$	27.50	\$.00
FAMILY NURSE PRACTITIONER	61	70	\$	2,320.09	\$	33.14	.000	\$	38.03	\$.01
TOTAL HOSPITAL	21,584	92,124	\$	16,313,309.78	\$	177.08	.243	\$	755.81	\$	42.98
HOSP INPATIENT TOTAL	2,876	12,899		14,242,906.72	1	1104.19	.034		4952.33		37.53
HSC HOSPITALS	2,196	9,424		11,785,597.36	_	1250.59	.025		5366.85		31.05
NON-HSC HOSPITAL TOTAL	441	1,686		2,229,027.99	1	1322.08	.004		5054.49		5.87
ACCOMMODATIONS	441	1,686		704,027.70		417.57	.004		1596.43		1.85
ADMINISTRATIVE DAYS	26	192		43,941.65		228.86	.001		1690.06		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	416	1.494		660.086.05		441.82	.004		1586.75		1.74
ANCILLARIES	441	1,151		1.525.000.29		.00	.000		3458.05		4.02
INDATIENT CROSSOVERS	261	1 789		228 281 37		127 60	005		874 64		60
ALL OTHER INDATIENT	201	1,705		00		00	000		071.01		.00
HOGD OHTENTENT TOTAL	10 /35	79 225		2 070 403 06		26 13	200		106 53		5 45
MEDICAI	5 / 9/	7 9 2 2 3		2,070,403.00		20.13	021		53 90		70
CIDCEDV	1 570	1,039		75 055 60		37.71 42 E4	.021		10 22		20
DATIOLOGY	1,570 6,616	1,703		75,655.06		10 50	.003		40.34		.20
PARTOLOGY	5,010	25,005		2/1,530.34		10.56	.000		41.04		1 20
RADIOLOGI	5,384	1,340		450,994.93		20.20	.019		84.88 40.05		1.20
ROUM USE	10,8/6	13,651		544,1/4.03		39./ <u>/</u>	.036		49.85		1.43
CKUSSUVEKS/ALL UTH UUTPTNT	8,159	22,94/	ė.	420,2/U.25	Ċ	TØ.00	.060	4	5∠.49	4	1.13
WCOUNTY HOSPITAL TOTAL	196	1,062	Ş	325,3/4.18	Ş.	300.38	.003	Ş	1000.07	Ş	.86
CO HOSPITAL INPATIENT TOTAL	38	239		301,381.96	-	1261.Ul	.001		/931.10		. 79
HSC HOSPITALS	36	217		275,802.28	=	12/0.98	.001		7661.17		.73
NON-HSC HOSPITALS TOTAL	4	22		25,579.68		1162.71	.000		6394.92		.07
ACCOMMODATIONS	4	22		5,088.60		231.30	.000		1272.15		.01
ADMINISTRATIVE DAYS	3	8		1,850.40		231.30	.000		616.80		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	14		3,238.20		231.30	.000		3238.20		.01
ANCILLARIES	4	0		20,491.08		.00	.000		5122.77		.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	169	823		23,992.22		29.15	.002		141.97		.06
MEDICAL	59	113		4,453.06		39.41	.000		75.48		.01
SURGERY	15	19		1,310.74		68.99	.000		87.38		.00
				_,							

RADIOLOGY 39 .01 63 3,572.27 56.70 .000 91.60 102 149 5,774.49 38.75 56.61 .02 ROOM USE .000 232 5,769.63 24.87 .02 CROSSOVERS/ALL OTH OUTPTNT 90 .001 64.11 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 7,531 #CALIF DEPT OF HEALTH SERV PAGE

MOP024	FEE-FOR-SERVICES		MONIH-OF-PAYMENT RE	EPORT FOR JAN 2003	3 IHRU DEC 2003	01/29/04
MERCED COUNTY	SUMMARY OF SERVICE		NEEDY - TOTAL			01/29/04
MERCED COUNTY	SOMMARY OF SERVICE	ES FOR MEDICALLI	NEEDI TOTAL		MONTHLY AVE	PAGE
379,552 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES		ITS/DAYS COST PE	
·		OR DAYS OF CARE		PER UNIT/DAY PE		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21,412 2,840	91,062 \$	15,987,935.60	\$ 175.57	.240 \$ 746.6	
COMM HOSP INPATIENT TOTAL	2 840	12,660	13,941,524.76	1101.23	.033 4908.9	
HSC HOSPITALS	2,162	9,207	11,509,795.08	1250 11	.024 5323.6	
NON-HSC HOSPITALS TOTAL	437	1,664	2,203,448.31	1324 19	.004 5042.2	
A GGOLDAGO A TIT OLIG	437 437	1,664	698,939.10	420 04	.004 1599.4	
ADMINISTRATIVE DAVS	23	184	42,091.25	1250.11 1324.19 420.04 228.76	.000 1830.0	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .0	
ALL OTHER ACCOM	415	1,480	656,847.85	443.82	.004 1582.7	
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	437	0	1,504,509.21	.00	.000 3442.8	
TNDATTENT CROSSOVERS	261	1,789	228,281.37	127.60	.005 874.6	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .0	
COMM HOSP OUTPATIENT TOTAL	19 284	78,402	2,046,410.84	26.10	.207 106.1	
MEDICAL	5 427	7,726	291,124.77	37.68	.020 53.6	
SURGERY	1,555	1,764	74,544.94	42.26	.005 47.9	
PATHOLOGY	C F C A	25,418	268,418.31	10.56	.067 40.8	
DADTOLOGY	E 2E0	7,277	453,422.66	62.31	.019 84.7	
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	10.785	13,502	536,399.54	39.73	.036 49.7	
CROSSOVERS/ALL OTH OUTPTNT	8.072	22,715	422,500.62	18.60	.060 52.3	
@CTATE UCCDITAI	1.2	346 \$		\$ 392.80	.001 \$ 11325.6	
MENTALLY III.	0	0	.00	.00	.000 .00	
DEVELOP, DISABLED	12	346	135,907.28	392.80	.001 11325.6	
@NURSING FACILITY	4.706	138,362 \$		\$ 100.79	.365 \$ 2963.3	
MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0	0	.00	.00	.000 .0	
		678	66,615.00	98.25	.002 3172.1	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .0	
LEV B-SUBACUTE HSPTL BASED	15	471	232,743.70	494.15	.001 15516.2	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .0	
LEV B-REGULAR	4.670	137,213	13,646,320.37	99.45	.362 2922.1	
@INTERMEDIATE CARE FACILDD	233	8,082 \$	1,274,279.03	\$ 157.67	.021 \$ 5469.0	
ICF DDH	79	2,511	342,563.37	136.43	.007 4336.2	
ICF DD	0	0	.00	.00	.000 .0	
ICF DDN/DDCN	154	5,571	931,715.66	167.24	.015 6050.1	
@HEMODIALYSIS TOTAL	471	7,010 \$	519,123.71	\$ 74.05	.018 \$ 1102.1	7 \$ 1.37
HOSPITAL BASED	7	190	94,597.88	497.88	.001 13513.9	
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDO ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	464	6,820	424,525.83	62.25	.018 914.9	
@REHABILITATION FACILITY	143	956 \$	23,565.38	\$ 24.65	.003 \$ 164.7	9 \$.06
HOSPITAL BASED	95	348	11,553.96	33.20	.001 121.6	
INDEPENDENT FACILITY	50	608	12,011.42	19.76	.002 240.2	
@LABORATORY FACILITY	14,729	50,143 \$	682,666.20	\$ 13.61	.132 \$ 46.3	5 \$ 1.80
PATHOLOGY	14,605	49,956	679,834.99	13.61	.132 46.5	1.79
XO AND OTHERS	130	187	2,831.21	15.14	.000 21.7	.01
@ORGANIZED OUTPATIENT CLINIC	44,666	76,789 \$	6,683,801.78	\$ 87.04	.202 \$ 149.6	4 \$ 17.61
CLINIC	3,541	12,629	284,527.49	22.53	.033 80.3	.75
SURGICENTER	1,394	4,417	177,021.01	40.08	.012 126.9	.47
HEROIN DETOX CLINIC	7	80	858.12	10.73	.000 122.5	.00
RURAL HEALTH CLINIC	40,544	59,663	6,221,395.16	104.28	.157 153.4	5 16.39
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2003	3 THRU DEC 2003	PAGE 7,532
MOPU24	FEE-FOR-SERVICE/DE	ENTAL				01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	ES FOR MEDICALLY	NEEDY - TOTAL			
					NACATEST SA ASABI	3 A C E

379,552 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	19,231	250,684	\$ 1,837,119.67	\$ 7.33	.660	\$ 95.53	\$ 4.84
DURABLE MED. EQUIP.	484	2,267	206,200.51	90.96	.006	426.03	.54
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	223	394	91,659.92	232.64	.001	411.03	.24
MEDICAL TRANSPORTATION	2,368	65,151	595,138.08	9.13	.172	251.33	1.57
AMBULANCES/AIR TRANS	1,735	25,556	305,106.00	11.94	.067	175.85	.80
OTHER TRANS	560	38,196	152,955.23	4.00	.101	273.13	.40
OTHER SERVICES	186	1,399	137,076.85	97.98	.004	736.97	.36
ACUPUNCTURE	98	206	3,884.53	18.86	.001	39.64	.01
ADULT DAY HEALTH CARE CTR	72	954	66,244.44	69.44	.003	920.06	.17
GENETIC DISEASE TESTING	700	702	72,512.25	103.29	.002	103.59	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	143	546	50,820.50	93.08	.001	355.39	.13
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,279	9,858	112,019.27	11.36	.026	26.18	.30
PHYSICAL THERAPIST	2	7	325.27	46.47	.000	162.64	.00
PORTABLE X-RAY	35	79	522.50	6.61	.000	14.93	.00
PROSTHETIST/ORTHOTISTS	563	1,065	68,373.53	64.20	.003	121.44	.18
PROSTHETICS	337	793	50,798.40	64.06	.002	150.74	.13
ORTHOTICS	240	272	17,575.13	64.61	.001	73.23	.05
PSYCHOLOGIST	6	29	1,504.54	51.88	.000	250.76	.00
SPEECH AND AUDIOLOGY	186	415	26,415.99	63.65	.001	142.02	.07
HOSPICE SERVICES	46	1,036	108,677.07	104.90	.003	2362.55	. 29
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,129	32,808	316,847.54	9.66	.086	34.71	.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,526	135,167	115,973.73	.86	.356	76.00	.31
@CALIF. CHILDREN SERVICES*	1,666	16,672	\$ 4,463,536.16	\$ 267.73	.044	\$ 2679.19	\$ 11.76
@XOVER EXCLUDING STATE HOSP**	7,336	92,709	\$ 1,300,810.52	\$ 14.03	.244	\$ 177.32	\$ 3.43

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,533 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----13,918 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 7,102 45,033 \$ 1,710,550.92 \$ 37.98 3.236 \$ 240.85 \$ 122.90 @PHYSICIANS SERVICES 2,217 5,046 231,094.11 45.80 .363 \$ 104.24 \$ 16.60 40.87 OUTPATIENT VISITS 1,657 2,357 96,332.09 .169 58.14 6.92 OFFICE VISITS 1,053 1,321 45,605.24 34.52 43.31 3.28 .095 HOME VISITS 0 0 .00 .00 .000 .00 .00 422 470 24,430.30 51.98 .034 EMERGENCY ROOM 57.89 1.76 92.22 .000 PREVENTIVE CARE 46.11 46.11 .01 OB VISITS/COMPRE PERI 182 462 22,861.55 49.48 .033 125.61 1.64 OTHER OUTPATIENT 93 102 3,342.78 32.77 .007 35.94 .24 INPATIENT VISITS 120 356 28,828.96 80.98 .026 240.24 2.07 HOSPITAL VISITS 107 245 12,413.15 50.67 .018 116.01 .89 1017.39 16,278.31 153.57 CRITICAL CARE 16 106 .008 1.17 SNF/ICF/TRANS IP CARE 5 5 137.50 27.50 27.50 .01 .000 OPHTHALMOLOGICAL SERVICES 19 20 921.25 46.06 .001 48.49 .07 **EXAMINATIONS** 19 20 921.25 46.06 .001 48.49 .07 SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 88 309 48,027.32 155.43 .022 545.77 3.45 67 78 493.67 2.77 PRINCIPAL SURGEON 38,506.29 .006 574.72 10 10 2,618.93 261.89 ASSISTANT SURGEON 261.89 .001 .19 221 ANESTHESIOLOGIST 26 6,902.10 31.23 .016 265.47 .50

OUTPATIENT SURGERY	135	345	19	,402.76)	56.24	. (025		143.72		1.39
PRINCIPAL SURGEON	105	121	13	8,879.89)	114.71	. (009		132.19		1.00
ASSISTANT SURGEON	4	4		301.95)	75.49	. (000		75.49		.02
ANESTHESIOLOGIST	45	220	5	,220.92	2	23.73	. (016		116.02		.38
DIALYSIS	0	0		458.40)	.00	. (000		.00		.03
PATHOLOGY	248	447	2	2,802.00)	6.27	. (32		11.30		.20
RADIOLOGY	460	667	19	,127.65)	28.68	. (048		41.58		1.37
PSYCHIATRY	0	0		.00)	.00	. (000		.00		.00
IMMUNIZATION AND INJECTION	39	54	1	,259.83	}	23.33	. (004		32.30		.09
OTHER SERVICES/ALL X-OVERS	277	491	13	,933.85	·	28.38	. (35		50.30		1.00
@PHARMACY	3,258	7,037 \$	264	1,214.70) \$	37.55	. !	506	\$	81.10	\$	18.98
PRESCRIPTION DRUGS	3,221	6,888	261	,220.72	2	37.92		495		81.10		18.77
SNF/ICF	26	97	10	,262.03	3	105.79	. (007		394.69		.74
OUTPATIENTS	3,196	6,791	250	,958.69)	36.95		488		78.52		18.03
MEDICAL SUPPLIES	94	149	2	2,993.98	3	20.09	. (011		31.85		.22
@DENTIST	563	3,505 \$	117	7,758.08	\$	33.60		252	\$	209.16	\$	8.46
VISITS - DIAGNOSTIC	422	2,244	32	2,873.86	5	14.65		161		77.90		2.36
ORAL SURGERY	67	141	13	3,353.00)	94.70	. (010		199.30		.96
DRUGS	12	29		430.00)	14.83	. (002		35.83		.03
ANESTHESIA	16	18	1	,700.00)	94.44	. (001		106.25		.12
PERIODONTICS	15	16	1	,186.00)	74.13	. (001		79.07		.09
ENDODONTICS	51	118	18	3,287.00)	154.97	. (800		358.57		1.31
RESTORATIVE DENTISTRY	233	853	42	2,611.25	,	49.95	. (061		182.88		3.06
PROSTHETICS	0	0		.00)	.00	. (000		.00		.00
DENTURES, STAYPLATES	3	10		447.00)	44.70	. (001		149.00		.03
SPACE MAINTAINERS	9	8	1	.,171.00)	146.38	. (001		130.11		.08
MAXILLOFACIAL SERVICES	10	9	2	2,593.97	,	288.22	. (001		259.40		.19
FRACTURES, DISLOCATIONS	0	0		.00)	.00	. (000		.00		.00
ORTHODONTIC SERVICES	44	50	2	2,955.00)	59.10	. (004		67.16		.21
ALL OTHER SERVICES	18	9		150.00)	16.67	. (001		8.33		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-F	PAYMENT	REPORT	FOR JAN	2003 T	HRU	DEC	2003	P	AGE 7,534
MOP024	FEE-FOR-SERVICE/DENTA	L										01/29/04

13,918 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	 COST PER
		OR DAYS OF CARE	C		ΡE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	132	420	\$	9,941.18	\$	23.67	.030	\$	75.31	\$.71
DIAGNOSTIC AND ANC. PROCED	81	81		3,694.29		45.61	.006		45.61	.27
EYE APPLIANCES	108	313		4,569.38		14.60	.022		42.31	.33
OTHER OPTOMETRIC SERVICES	26	26		1,677.51		64.52	.002		64.52	.12
@CHIROPRACTOR	9	11	\$	183.92	\$	16.72	.001	\$	20.44	\$.01
VISITS	9	11		183.92		16.72	.001		20.44	.01
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	7	13	\$	883.72	\$	67.98	.001	\$	126.25	\$.06
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	965	3,804	\$	602,905.86	\$	158.49	.273	\$	624.77	\$ 43.32
HOSP INPATIENT TOTAL	94	413		518,633.43		1255.77	.030		5517.38	37.26
HSC HOSPITALS	86	384		476,925.23		1241.99	.028		5545.64	34.27
NON-HSC HOSPITAL TOTAL	9	29		41,708.20		1438.21	.002		4634.24	3.00
ACCOMMODATIONS	9	29		13,727.70		473.37	.002		1525.30	.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----

MERCED COUNTY

ALL OFFIED ACCOM	0	29	13,727.70	4-	73.37	002	1525.30	0.0
ALL OTHER ACCOM	9	29	- /	4.		.002		.99
ANCILLARIES	9	0	27,980.50		.00	.000	3108.94	2.01
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	893	3,391	84,272.43	2	24.85	.244	94.37	6.05
MEDICAL	287	379	14,831.05	3	39.13	.027	51.68	1.07
SURGERY	73	86	4,060.22	4	17.21	.006	55.62	.29
PATHOLOGY	334	1,275	13,784.88	1	0.81	.092	41.27	.99
RADIOLOGY	226	278	13,680.33	4	19.21	.020	60.53	.98
ROOM USE	593	716	28,092.60	3	39.24	.051	47.37	2.02
CROSSOVERS/ALL OTH OUTPINT	317	657	9,823.35	1	4.95	.047	30.99	.71
@COUNTY HOSPITAL TOTAL	4	7	\$ 201.06	\$ 2	28.72	.001	\$ 50.27	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	./	201.06	28.72	.001	50.27	.01
MEDICAL	2	2	62.10	31.05	.000	31.05	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	119.99	40.00	.000	40.00	.01
CROSSOVERS/ALL OTH OUTPINT	2	2	18.97	9.49	.000	9.49	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,535
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MIC - NO SO	OC 03 04 2A 45 4A	4K 4M 5K 7T 82	8E 8W		
					MON'	THLY AVERA	GE
13,918 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
·		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	961	3,797 \$	602,704.80	\$ 158.73	.273 \$	627.16	\$ 43.30
COMM HOSP INPATIENT TOTAL	94	413	518,633.43	1255.77	.030	5517.38	37.26
HSC HOSPITALS	86	384	476,925.23	1241.99	.028	5545.64	34.27
NON-HSC HOSPITALS TOTAL	9	29	41,708.20	1438.21	.002	4634.24	3.00
ACCOMMODATIONS	9	29	13,727.70	473.37	.002	1525.30	.99
ADMINISTRATIVE DAYS	Ō	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	29	13,727.70	473.37	.002	1525.30	.99
ANCILLARIES	a	0	27,980.50	.00	.002	3108.94	2.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	889	3,384	84,071.37	24.84	.243	94.57	6.04
MEDICAL	285	3,364	14,768.95	39.17	.027	51.82	1.06
	73	86	•	47.21	.006	55.62	.29
SURGERY	334	1,275	4,060.22 13,784.88	10.81	.006	41.27	. 29
PATHOLOGY		278					
RADIOLOGY	226 590		13,680.33	49.21	.020	60.53	.98
ROOM USE		713	27,972.61	39.23	.051	47.41	2.01
CROSSOVERS/ALL OTH OUTPTNT	315 0	655	9,804.38	14.97	.047	31.13	.70
@STATE HOSPITAL	•	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	U	0 \$.00	\$.00	.000 \$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	O _	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	12	365 \$	66,718.35	\$ 182.79			\$ 4.79
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	365	66,718.35	182.79	.026	5559.86	4.79
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HUCDILY DYCED	0	0	0.0	0.0	000	0.0	0.0

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HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

@ORGANIZED OUTPATIENT CLINIC	2,449	4,167 \$	332,474.92	\$ 79	.79 .299	\$ 135.76	\$ 23.89
CLINIC	275	1,010	23,956.00	23	.72 .073	87.11	1.72
SURGICENTER	48	246	9,194.12	37	.37 .018	191.54	.66
HEROIN DETOX CLINIC	0	0	.00		.00 .000	.00	.00
RURAL HEALTH CLINIC	2,162	2,911	299,324.80	102	.83 .209	138.45	21.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR	JAN 2003 THRU	DEC 2003	PAGE 7,536
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	S FOR MIC - NO	SOC 03 04 2A 45 4A	4K 4M 5K	7T 82 8E 8W		

----- MONTHLY AVERAGE -----

					MO	NIHLY AVERA	GE
13,918 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	541	18,730 \$	55,703.22	\$ 2.97	1.346	\$ 102.96	\$ 4.00
DURABLE MED. EQUIP.	18	28	8,373.22	299.04	.002	465.18	.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	16	1,885.87	117.87	.001	314.31	.14
MEDICAL TRANSPORTATION	100	1,766	22,759.39	12.89	.127	227.59	1.64
AMBULANCES/AIR TRANS	100	1,763	17,359.39	9.85	.127	173.59	1.25
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.39
ACUPUNCTURE	1	1	16.22	16.22	.000	16.22	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	33	33	3,401.00	103.06	.002	103.06	.24
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	163	372	3,589.78	9.65	.027	22.02	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	20	1,370.07	68.50	.001	72.11	.10
PROSTHETICS	7	8	427.64	53.46	.001	61.09	.03
ORTHOTICS	12	12	942.43	78.54	.001	78.54	.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	7	350.27	50.04	.001	116.76	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	182	1,007	9,861.06	9.79	.072	54.18	.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	15,480	4,096.34	.26	1.112	128.01	.29
@CALIF. CHILDREN SERVICES*	93	963 \$	230,107.92	\$ 238.95	.069	\$ 2474.28	\$ 16.53
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,537 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

					MON	ITHLY AVERA	GE	
144 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	EL	LIGIBLE
@TOTAL, ALL PROVIDERS	156	755	\$ 78,048.05	\$ 103.37	5.243	500.31	\$	542.00
@PHYSICIANS SERVICES	77	240	\$ 14,521.49	\$ 60.51	1.667	188.59	\$	100.84
OUTPATIENT VISITS	31	33	1,744.35	52.86	.229	56.27		12.11
OFFICE VISITS	5	5	155.65	31.13	.035	31.13		1.08
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	24	26	1,487.86	57.23	.181	61.99		10.33
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	2	100.84	50.42	.014	50.42		.70
INPATIENT VISITS	9	38	1,821.85	47.94	.264	202.43		12.65

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	9	38	1,821.85	47.94	.264	202.43	12.65
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00				
SERVICES AND MATERIALS				.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	60	4,538.22	75.64	.417	302.55	31.52
PRINCIPAL SURGEON	8	9	3,393.68	377.08	.063	424.21	23.57
ASSISTANT SURGEON	3	3	287.43	95.81	.021	95.81	2.00
ANESTHESIOLOGIST	6	48	857.11	17.86	.333	142.85	5.95
OUTPATIENT SURGERY	7	12	1,648.52	137.38	.083	235.50	11.45
PRINCIPAL SURGEON	6	9	1,552.67	172.52	.063	258.78	10.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	3	95.85	31.95	.021	47.93	.67
	0	0	.00	.00	.000	.00	.00
DIALYSIS							
PATHOLOGY	4	14	66.77	4.77	.097	16.69	.46
RADIOLOGY	25	47	2,434.61	51.80	.326	97.38	16.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7	277.28	39.61	.049	138.64	1.93
OTHER SERVICES/ALL X-OVERS	13	29	1,989.89	68.62	.201	153.07	13.82
@PHARMACY	16	84 \$	10,162.94	\$ 120.99	.583	\$ 635.18	\$ 70.58
PRESCRIPTION DRUGS	13	31	1,548.00	49.94	.215	119.08	10.75
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13	31	1,548.00	49.94	.215	119.08	10.75
	6						
MEDICAL SUPPLIES	-	53	8,614.94	162.55	.368	1435.82	59.83
@DENTIST	31	185 \$	559.00	\$ 3.02	1.285		
VISITS - DIAGNOSTIC	21	92	179.00	1.95	.639	8.52	1.24
ORAL SURGERY	8	9	380.00	42.22	.063	47.50	2.64
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.007	.00	.00
ENDODONTICS	3	4	.00	.00	.028	.00	.00
RESTORATIVE DENTISTRY	9	38	.00	.00	.264	.00	.00
PROSTHETICS	3	24	.00	.00	.167	.00	.00
DENTURES, STAYPLATES	3	0	.00	.00	.000	.00	.00
	0	0	.00				
SPACE MAINTAINERS	U			.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	17	.00	.00	.118	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES 1	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 7,538
MOP024	FEE-FOR-SERVIC	E/DENTAL					01/29/04
MERCED COUNTY		VICES FOR MIC - SOC		AID CODE	. 83		
1.21.022 0001.11		,1025 1011 1120 500		1112 3021	MOI	THIV AVERA	GE
144 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
144 EUIGIDUES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
OOD MOMPHED I GIT	0		0.0				
@OPTOMETRIST	0	0 \$.00	\$.00	.000	•	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0 Ş	.00	.00	.000	.00	.00
		0					
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	7 \$	524.02	\$ 74.86		\$ 524.02	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0 \$.00		.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00		.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00		.00	.000 \$		\$.00
@TOTAL HOSPITAL	35	184 \$	49,119.02		266.95	1.278 \$		\$	341.10
HOSP INPATIENT TOTAL	11	43	46,320.27		1077.22	.299	4210.93		321.67
HSC HOSPITALS	8	29	27,210.67		938.30	.201	3401.33		188.96
NON-HSC HOSPITAL TOTAL	3	14	19,109.60		1364.97	.097	6369.87		132.71
ACCOMMODATIONS	3	14	4,858.52		347.04	.097	1619.51		33.74
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	14	.00		.00	.000	.00		.00 33.74
ALL OTHER ACCOM	3	0	4,858.52		347.04	.097	1619.51		
ANCILLARIES	3	0	14,251.08		.00	.000	4750.36		98.97
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	24	141	.00 2,798.75		.00 19.85	.000 .979	.00 116.61		.00 19.44
MEDICAL	8	9	197.85		21.98	.063	24.73		1.37
SURGERY	3	3	312.74		104.25	.003	104.25		2.17
	13	66	637.34		9.66	.458	49.03		4.43
PATHOLOGY RADIOLOGY	7	7	234.68		33.53	.456	33.53		1.63
ROOM USE	15	22	953.69		43.35	.153	63.58		6.62
CROSSOVERS/ALL OTH OUTPTNT	15	34	462.45		13.60	.236	30.83		3.21
@COUNTY HOSPITAL TOTAL	0	0 \$.00		.00	.000 \$		Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0	0 \$.00		.00	.000 \$.00	Ą	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	r for jan 2	2003 THRU DE	C 2003	P	AGE 7,539
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MIC - SOC			AID CODE	83			
						MON	THLY AVERA	GE -	
144 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER		COST PER
		OR DAYS OF CARE			R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	184 \$	49,119.02		266.95		1403.40	\$	341.10
COMM HOSP INPATIENT TOTAL	11	43	46,320.27		1077.22	.299	4210.93		321.67
HSC HOSPITALS	8	29	27,210.67		938.30	.201	3401.33		188.96
NON-HSC HOSPITALS TOTAL	3	14	19,109.60		1364.97	.097	6369.87		132.71
ACCOMMODATIONS	3	14	4,858.52		347.04	.097	1619.51		33.74
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	3	14	4,858.52		347.04	.097	1619.51		33.74
ANCILLARIES	3	0	14,251.08		.00	.000	4750.36		98.97
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	24	141	2,798.75		19.85	.979	116.61		19.44
MEDICAL	8	9	197.85		21.98	.063	24.73		1.37
SURGERY PATHOLOGY	3 13	3 66	312.74 637.34		104.25 9.66	.021 .458	104.25 49.03		2.17 4.43
PAIUOTOGI	13	00	03/.34		9.00	.430	49.03		4.43

RADIOLOGY	7	7	234.68	33.53	.049	33.53	1.63
ROOM USE	15	22	953.69	43.35	.153	63.58	6.62
CROSSOVERS/ALL OTH OUTPTNT	15	34	462.45	13.60	.236	30.83	3.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000	.00	-	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	11	20	\$	258.73	\$	12.94	.139		Ġ	1.80
PATHOLOGY	11	20		258.73		12.94	.139	23.52	•	1.80
XO AND OTHERS		0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	14	15	\$	2,406.67	\$	160.44	.104		Ġ	16.71
CLINIC	0	0	4	.00	т	.00	.000	.00	*	.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	Ö		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	14	15		2,406.67		160.44	.104	171.91		16.71
#CALIF DEPT OF HEALTH SERV			IRES I	MONTH-OF-PAYMENT F	EPORT				PΔ	AGE 7,540
MOP024	FEE-FOR-SERVICE		TCDD I		CLI OICI	1010 01110 2	2005 IIIKO D	LC 2005	11.	01/29/04
MERCED COUNTY	SUMMARY OF SERVE		SOC			AID CODE	83			01/25/01
MERCED COUNTY	SOMMAN OF SERV	LCES FOR MIC	DOC			AID CODE		NTHLY AVERA	CF -	
144 ELIGIBLES	USERS	UNITS OF SERVIC	יםי	EXPENDITURES	777	PACE COST	UNITS/DAYS			COST PER
144 EDIGIBLES	OBEKS	OR DAYS OF CAR		EXPENDITORES		UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	٥	20	\$	496.18	\$	24.81	.139			3.45
DURABLE MED. EQUIP.	9	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0								
HEARING AID DISPENSERS	0	11		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	4	11		408.18		37.11	.076	102.05		2.83
AMBULANCES/AIR TRANS	4	0		408.18		37.11	.076	102.05		2.83
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	Ü	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	5	9		88.00		9.78	.063	17.60		.61
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	7	34	\$	5,156.30	\$	151.66	.236	\$ 736.61	\$	35.81
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000			.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	ATE INFORMATION	ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE API	PROPRIATE DETAIL	LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES A	BOVE							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	JRES I	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2003 THRU D	EC 2003	PA	AGE 7,541
MOP024	FEE-FOR-SERVICE	DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	LLY :	INDIGENT - CHILDRE	EN - T	OTAL				
							MO	NTHLY AVERA	GE -	
14 062 ELIGIBLES	HSERS	INITS OF SERVIC	T.	EXPENDITURES	ΔVF	RAGE COST	IINTTS/DAYS	COST PER		OST PER

^{14,062} ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	7,258	45,788 \$		1,788,598.97	\$	39.06	3.256	\$	246.43	\$	127.19
@PHYSICIANS SERVICES	2,294	5,286 \$		245,615.60	\$	46.47	.376	\$	107.07	\$	17.47
OUTPATIENT VISITS	1,688	2,390		98,076.44		41.04	.170		58.10		6.97
OFFICE VISITS	1,058	1,326		45,760.89		34.51	.094		43.25		3.25
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	446	496		25,918.16		52.25	.035		58.11		1.84
PREVENTIVE CARE	2	2		92.22		46.11	.000		46.11		.01
OB VISITS/COMPRE PERI	182	462		22,861.55		49.48	.033		125.61		1.63
OTHER OUTPATIENT	95	104		3,443.62		33.11	.007		36.25		.24
INPATIENT VISITS	129	394		30,650.81		77.79	.028		237.60		2.18
HOSPITAL VISITS	116	283		14,235.00		50.30	.020		122.72		1.01
	16	106		16,278.31		153.57	.008		1017.39		1.16
CRITICAL CARE											
SNF/ICF/TRANS IP CARE	5	5		137.50		27.50	.000		27.50		.01
OPHTHALMOLOGICAL SERVICES	19	20		921.25		46.06	.001		48.49		.07
EXAMINATIONS	19	20		921.25		46.06	.001		48.49		.07
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	103	369		52,565.54		142.45	.026		510.35		3.74
PRINCIPAL SURGEON	75	87		41,899.97		481.61	.006		558.67		2.98
	13	13		2,906.36		223.57	.001		223.57		.21
ASSISTANT SURGEON											
ANESTHESIOLOGIST	32	269		7,759.21		28.84	.019		242.48		.55
OUTPATIENT SURGERY	142	357		21,051.28		58.97	.025		148.25		1.50
PRINCIPAL SURGEON	111	130		15,432.56		118.71	.009		139.03		1.10
ASSISTANT SURGEON	4	4		301.95		75.49	.000		75.49		.02
ANESTHESIOLOGIST	47	223		5,316.77		23.84	.016		113.12		.38
DIALYSIS	0	0		458.40		.00	.000		.00		.03
	252	461									
PATHOLOGY				2,868.77		6.22	.033		11.38		.20
RADIOLOGY	485	714		21,562.26		30.20	.051		44.46		1.53
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	41	61		1,537.11		25.20	.004		37.49		.11
OTHER SERVICES/ALL X-OVERS	290	520		15,923.74		30.62	.037		54.91		1.13
@PHARMACY	3,274	7,121 \$			\$	38.53	.506	Ś	83.81	Ś	19.51
PRESCRIPTION DRUGS	3,234	6,919		262,768.72	Ψ.	37.98	.492	Υ	81.25	Ψ.	18.69
	26	97		10,262.03		105.79	.007		394.69		.73
SNF/ICF											
OUTPATIENTS	3,209	6,822		252,506.69		37.01	.485		78.69		17.96
MEDICAL SUPPLIES	100	202		11,608.92		57.47	.014		116.09		.83
@DENTIST	594	3,690 \$		118,317.08	\$	32.06	.262	\$	199.19	\$	8.41
VISITS - DIAGNOSTIC	443	2,336		33,052.86		14.15	.166		74.61		2.35
ORAL SURGERY	75	150		13,733.00		91.55	.011		183.11		.98
DRUGS	12	29		430.00		14.83	.002		35.83		.03
ANESTHESIA	16	18		1,700.00		94.44	.001		106.25		.12
	16	17		1,186.00		69.76	.001		74.13		.08
PERIODONTICS											
ENDODONTICS	54	122		18,287.00		149.89	.009		338.65		1.30
RESTORATIVE DENTISTRY	242	891		42,611.25		47.82	.063		176.08		3.03
PROSTHETICS	3	24		.00		.00	.002		.00		.00
DENTURES, STAYPLATES	3	10		447.00		44.70	.001		149.00		.03
SPACE MAINTAINERS	9	8		1,171.00		146.38	.001		130.11		.08
MAXILLOFACIAL SERVICES	10			2,593.97		288.22	.001		259.40		.18
FRACTURES, DISLOCATIONS	0	9 0		.00		.00	.000		.00		.00
	44	50		2,955.00		59.10	.004		67.16		.21
ORTHODONTIC SERVICES				·							
ALL OTHER SERVICES	22	26		150.00		5.77			6.82		.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONT	H-OF-PAYMENT RE	EPOR	T FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 7,542
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	INDI	GENT - CHILDREN	1 –	TOTAL					
							1	TUON	HLY AVERA	GE -	
14.062 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST					COST PER
11,002 22102222	05210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	132			9,941.18							.71
		•		·	\$	23.67	.030	Ą		Ą	
DIAGNOSTIC AND ANC. PROCED	81	81		3,694.29		45.61	.006		45.61		. 26
EYE APPLIANCES	108	313		4,569.38		14.60	.022		42.31		.32
OTHER OPTOMETRIC SERVICES	26	26		1,677.51		64.52	.002		64.52		.12

@CHIROPRACTOR	9	11 \$	183.92	\$ 16.72	.001	\$ 20.44	\$.01	
VISITS	9	11	183.92	16.72		20.44	.01	
OTHER SERVICES	0	0	.00	.00		.00	.00	
@PODIATRIST	0	0 \$.00	\$.00		•		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00		.00	.00	
	0							
OTHER	Ū	_ 0	.00	.00		.00	.00	
@HOME HEALTH AGENCY	8	20 \$	1,407.74	\$ 70.39		\$ 175.97	\$.10	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00		•	\$.00	
FAMILY NURSE PRACTITIONER	•	0 4	.00	\$.00		•	\$.00	
	0 1,000	0 \$ 3,988 \$						
@TOTAL HOSPITAL	1,000	3,988 \$	652,024.88	\$ 163.50				
HOSP INPATIENT TOTAL	105	456	564,953.70	1238.93		5380.51	40.18	
HSC HOSPITALS	94	413	504,135.90	1220.67	.029	5363.15	35.85	
NON-HSC HOSPITAL TOTAL	12	43	60,817.80	1414.37	.003	5068.15	4.32	
ACCOMMODATIONS	12	43	18,586.22	432.24		1548.85	1.32	
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00	
	0	0	0.0	.00			.00	
TRANSITIONAL IP CARE	0		.00			.00		
ALL OTHER ACCOM	12	43	18,586.22 42,231.58	432.24		1548.85	1.32	
ANCILLARIES	12	0	42,231.58	.00	.000	3519.30	3.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
	917	3,532	87,071.18	24.65		94.95	6.19	
MEDICAL	295	388	15,028.90	38.73		50.95	1.07	
SURGERY	76	89	4,372.96	49.13		57.54	.31	
PATHOLOGY	347	1,341	14,422.22	10.75		41.56	1.03	
RADIOLOGY	233	285	13,915.01	48.82	.020	59.72	.99	
ROOM USE	608	738	29,046.29	39.36	.052	47.77	2.07	
CROSSOVERS/ALL OTH OUTPTNT	332	691	10,285.80	14.89		30.98	.73	
@COUNTY HOSPITAL TOTAL	4	7 \$	201.06	\$ 28.72				
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00		.00	.00	
	•							
HSC HOSPITALS	0	0	.00	.00		.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00	
ALL OTHER ACCOM	0	0	.00	.00		.00	.00	
	0	0					.00	
ANCILLARIES	0	0	.00	.00		.00		
INPATIENT CROSSOVERS	Ū	Ü	.00	.00		.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	4	7	201.06	28.72	.000	50.27	.01	
MEDICAL	2	2	62.10	31.05	.000	31.05	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	Ô	.00	.00		.00	.00	
	0	0					.00	
RADIOLOGY	0	0	.00	.00		.00		
ROOM USE	3	3	119.99	40.00		40.00	.01	
CROSSOVERS/ALL OTH OUTPTNT	2	2	18.97	9.49		9.49	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JA	N 2003 THRU D	EC 2003	PAGE 7,543	,
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04	
MERCED COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	INDIGENT - CHILDRE	IN - TOTAL			- , - , -	
THERESE COUNTY	BOILING OF BEIL	viced for implement	IIIDIGEIVI GIIILDIG	1011111	MOI	אסשוא ע זויים	GE	
14 060 ELIGIDIEG	HOEDO	INTERCOR CEDITOR	EXPENDIBLEC	ATTED ACE CO				
14,062 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER	
		OR DAYS OF CARE		PER UNIT/D	AY PER ELIG		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	996	3,981 \$		\$ 163.73	.283	\$ 654.44	\$ 46.35	
COMM HOSP INPATIENT TOTAL	105	456	564,953.70	1238.93	.283	5380.51	40.18	
HSC HOSPITALS	94	413	504,135.90	1220.67	.029	5363.15	35.85	
NON-HSC HOSPITALS TOTAL	12	43	60,817.80	1414 37	.029 .003	5068.15	4.32	
ACCOMMODATIONS	12	43	18,586.22	432.24	.003	1548.85	1.32	
ACCOMMODATIONS	14	43	10,300.22	434.44	.003	TO40.00	1.34	

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	43		18,586.22		432.24	.003		1548.85		1.32
ANCILLARIES	12	0		42,231.58		.00	.000		3519.30		3.00
	0	0									
INPATIENT CROSSOVERS				.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	913	3,525		86,870.12		24.64	.251		95.15		6.18
MEDICAL	293	386		14,966.80		38.77	.027		51.08		1.06
SURGERY	76	89		4,372.96		49.13	.006		57.54		.31
PATHOLOGY	347	1,341		14,422.22		10.75	.095		41.56		1.03
RADIOLOGY	233	285		13,915.01		48.82	.020		59.72		.99
ROOM USE	605	735		28,926.30		39.36	.052		47.81		2.06
CROSSOVERS/ALL OTH OUTPTNT		689		10,266.83		14.90	.049		31.11		.73
@STATE HOSPITAL	0	0 \$	Ċ		\$.00	.000	Ġ	.00	Ġ	.00
MENTALLY ILL	0	0	Y	.00	Ų	.00	.000	Ÿ	.00	Ų	.00
	0										
DEVELOP. DISABLED	0	0	4	.00	4	.00	.000		.00		.00
@NURSING FACILITY	Ü	0 \$	Ş		\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	12	365 \$	\$		\$			\$	5559.86	Ś	4.74
ICF DDH	0	0	Υ	.00	Υ	.00	.000	~	.00	~	.00
ICF DD	0	0		.00		.00	.000		.00		.00
		365		66,718.35		182.79	.026		5559.86		4.74
ICF DDN/DDCN	12 0		4		4			4		4	
@HEMODIALYSIS TOTAL		0 \$	Ş		\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	5 3 2 700 699	30 \$	\$	705.18	\$	23.51	.002	\$	141.04	\$.05
HOSPITAL BASED	3	13		402.27		30.94	.001		134.09		.03
INDEPENDENT FACILITY	2	17		302.91		17.82	.001		151.46		.02
@LABORATORY FACILITY	700	1,925 \$	\$	28,226.41	\$	14.66	.137	\$	40.32	\$	2.01
PATHOLOGY	699	1,924			•		.137		40.30		2.00
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	2,463	4,182 \$	Ċ		\$.297	Ġ		Ġ	23.81
CLINIC CLINIC	275	1,010	Y	23,956.00	Ų	23.72	.072	Ÿ	87.11	Ų	1.70
	48	246		9,194.12		37.37	.017		191.54		.65
SURGICENTER							.017				
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,176	2,926		301,731.47		103.12	.208		138.66	_	21.46
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	S MON	NTH-OF-PAYMENT RE	POR'	r for Jan	2003 THRU	DEC	2003	E	PAGE 7,544
MOP024	FEE-FOR-SERVICE										01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	Y INI	DIGENT - CHILDREN	· - :	TOTAL					
							M	ONT	HLY AVERA	GΕ	
14,062 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	550	18,750 \$	\$	56,199.40	\$	3.00	1.333	Ġ	102.18	Ġ	4.00
DURABLE MED. EQUIP.	18	28	Τ	8,373.22	Υ		.002				.60
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	6	16		1,885.87		117.87	.001		314.31		.13
	104			23,167.57		13.04	.126		222.77		
MEDICAL TRANSPORTATION		1,777									1.65
AMBULANCES/AIR TRANS	104	1,774		17,767.57		10.02	.126		170.84		1.26
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	3	3		5,400.00		1800.00	.000		1800.00		.38
ACUPUNCTURE	1	1		16.22		16.22	.000		16.22		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	33	33		3,401.00		103.06	.002		103.06		.24
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
	•	ŭ									• • • •

OPTICIAN	163	372	3,589.78	9.65	.026	22.02		.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	19	20	1,370.07	68.50	.001	72.11		.10
PROSTHETICS	7	8	427.64	53.46	.001	61.09		.03
ORTHOTICS	12	12	942.43	78.54	.001	78.54		.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	3	7	350.27	50.04	.000	116.76		.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	187	1,016	9,949.06	9.79	.072	53.20		.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	32	15,480	4,096.34	.26	1.101	128.01		.29
@CALIF. CHILDREN SERVICES*	100	997	\$ 235,264.22	\$ 235.97	.071	\$ 2352.64	\$ 16	.73

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 7,545

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

MERCED COUNTY	SUMMARY OF SERV.	LCES FOR	MIA - NO) SUC	- AID PAID PENDII	NG AID CODE				
00			~					NTHLY AVERA		
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST			COST F	
		OR DAYS	OF CARE			PER UNIT/DAY		USER	ELIGIE	
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	•	•	. 00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000		•	.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		. 00
HOME VISITS	0		0		.00	.00	.000	.00		. 00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		. 00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		Ô		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00					
ASSISTANT SURGEON	0		0			.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	· ·		•		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		. 00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		. 00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00		. 00
@PHARMACY	0		0	\$.00	\$.00	.000	•		. 00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00		. 00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	•		.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00		. 00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		Ö		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		. 00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		. 00
ALL OTHER SERVICES	0		Õ		.00	.00	.000	.00		. 00
	0		9		.00	. 0 0	.000	.00	•	J U

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----- MONTHLY AVERAGE -----

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER COS	T PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER EL:	GIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ô	0	.00	.00	.000	.00	.00
@PODIATRIST	Ô	0 \$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	Û	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	Ô	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$.00
	0		.00		.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$ 0 \$.00	\$.00 \$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 Ş			•		
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ô	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Û	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0			.000		
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	Ü	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI	I-CAL SERVIC	ES AND EXPENDITURES MOD	NIH-OF-PAYMENI RE	PORT FOR JAN 2	OUS THRU DEC	2003 PAGI	7,547

01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL MERCED COUNTY

MERCED COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SOC -	AID PAID PENDING	G AID CODE				
					MONT	ALY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES A	AVERAGE COST	UNITS/DAYS (COST PER	COST	r per
		OR DAYS OF CARE	I	PER UNIT/DAY	PER ELIG	USER	ELIC	SIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0				.00		
	0	0	.00	.00	.000			.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	Ů.	0	.00	.00	.000	.00		.00
RADIOLOGY	Ŏ	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
ROOM USE	0	-						
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	4	.00
@STATE HOSPITAL	U	0 \$		\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$		\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	۲	.00
ICF DD	Ŏ	Ö	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
	0						4	
@HEMODIALYSIS TOTAL	0			\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	U	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	Ü	0 \$		\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	•	.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
	ŭ	· ·					חאכה	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT	H-OF-PAIMENT REPO	JRI FOR JAN 2	1003 IRRO DEC	2003		7,548
MOP024	FEE-FOR-SERVICE,			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0.1		01	L/29/04
MERCED COUNTY	SUMMARY OF SERV.	ICES FOR MIA - NO SOC -	AID PAID PENDING	3 AID CODE				
					MONTI			
00 ELIGIBLES	USERS	UNITS OF SERVICE			UNITS/DAYS (r per
		OR DAYS OF CARE	I	PER UNIT/DAY	PER ELIG	USER		FIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDADATE T	NEODMATION ITEM ONLY	<i>7</i> :				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,549
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

MEKCED COUNTI	SUMMARI OF SER	VICES FOR MIA - NO SOC	- PREGNANI	AID CODE	00		
					MO	NTHLY AVERA	GE
568 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	515	4,837 \$	464,955.54	\$ 96.12	8.516	\$ 902.83	\$ 818.58
@PHYSICIANS SERVICES	339	1,405 \$	85,604.57	\$ 60.93	2.474	\$ 252.52	\$ 150.71
OUTPATIENT VISITS	208	540	21,823.27	40.41	.951	104.92	38.42
OFFICE VISITS	65	90	2,886.58	32.07	.158	44.41	5.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	33	39	1,981.28	50.80	.069	60.04	3.49
PREVENTIVE CARE	1	1	34.69	34.69	.002	34.69	.06
OB VISITS/COMPRE PERI	149	404	16,811.44	41.61	.711	112.83	29.60
OTHER OUTPATIENT	2	6	109.28	18.21	.011	54.64	.19
INPATIENT VISITS	56	189	14,828.35	78.46	.333	264.79	26.11
HOSPITAL VISITS	49	121	5,024.51	41.52	.213	102.54	8.85
CRITICAL CARE	11	68	9,803.84	144.17	.120	891.26	17.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.08
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	67	202	33,251.84	164.61	.356	496.30	58.54
PRINCIPAL SURGEON	50	55	27,382.39	497.86	.097	547.65	48.21
ASSISTANT SURGEON	10	10	1,865.00	186.50	.018	186.50	3.28
ANESTHESIOLOGIST	20	137	4,004.45	29.23	.241	200.22	7.05
OUTPATIENT SURGERY	32	63	4,168.33	66.16	.111	130.26	7.34
PRINCIPAL SURGEON	27	34	3,467.72	101.99	.060	128.43	6.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	29	700.61	24.16	.051	53.89	1.23

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	71	214	1,667.41	7.79	.377	23.48	2.94
RADIOLOGY	99	119	5,831.64	49.01	.210	58.91	10.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	21	785.43	37.40	.037	46.20	1.38
OTHER SERVICES/ALL X-OVERS	36	56	3,201.86	57.18	.099	88.94	5.64
@PHARMACY	213	1,693	\$ 14,277.03	\$ 8.43	2.981	\$ 67.03	\$ 25.14
PRESCRIPTION DRUGS	204	441	13,240.05	30.02	.776	64.90	23.31
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	204	441	13,240.05	30.02	.776	64.90	23.31
MEDICAL SUPPLIES	18	1,252	1,036.98	.83	2.204	57.61	1.83
@DENTIST	15	72	\$ 2,154.00	\$ 29.92	.127	\$ 143.60	\$ 3.79
VISITS - DIAGNOSTIC	12	49	622.00	12.69	.086	51.83	1.10
ORAL SURGERY	3	4	390.00	97.50	.007	130.00	.69
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	1	1	118.00	118.00	.002	118.00	.21
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	17	979.00	57.59	.030	163.17	1.72
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	45.00	45.00	.002	45.00	.08
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES MON	ITH-OF-PAYMENT REPORT	r for jan 2	003 THRU DE	C 2003	PAGE 7,550
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	S FOR MIA - NO SOC	- PREGNANT	AID CODE	86		
					MON	THLY AVERAC	E

568 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 24 21.79 .042 \$ 74.72 \$.92 523.05 5 189.80 37.96 .009 37.96 .33 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 17 214.25 12.60 .030 35.71 .38 119.00 59.50 59.50 .21 OTHER OPTOMETRIC SERVICES .004 @CHIROPRACTOR 66.88 16.72 .007 33.44 \$ \$ \$.12 66.88 16.72 .007 33.44 VISITS .12 .00 OTHER SERVICES 0 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 .000 RADIO./PATHOLOGY .00 .00 .00 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 NURSE ANESTHESIST .00 \$.00 .000 .00 .00 \$ NURSE MIDWIFE 0 .00 \$.00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 \$.00 .000 .00 Ś .00 0 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 741 326,717.84 440.91 1.305 2350.49 575.21 @TOTAL HOSPITAL HOSP INPATIENT TOTAL 52 246 314,758.86 1279.51 .433 6053.06 554.15 HSC HOSPITALS 210 275,958.49 1314.09 .370 5999.10 485.84 36 1077.79 .063 5542.91 NON-HSC HOSPITAL TOTAL 38,800.37 68.31 ACCOMMODATIONS 36 12,170.94 338.08 .063 1738.71 ADMINISTRATIVE DAYS 14 3,238.20 231.30 .025 3238.20 5.70 0 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 ALL OTHER ACCOM 8,932.74 406.03 .039 1488.79 15.73 0 3804.20 ANCILLARIES 26,629.43 .00 .000 46.88 INPATIENT CROSSOVERS .00 .000 0 .00 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 101 495 11,958.98 24.16 .871 118.41 21.05 MEDICAL 44 2,339.86 53.18 .077 83.57 4.12 285.67 35.71 .014 35.71 .50 SURGERY 2,337.44 PATHOLOGY 199 11.75 .350 42.50 4.12 20 17 66.11 77.78 2.33 RADIOLOGY 1,322.25 .035 98 .173 ROOM USE 3,881.37 39.61 74.64 6.83 CROSSOVERS/ALL OTH OUTPTNT 126 1,792.39 14.23 .222 38.14 3.16 @COUNTY HOSPITAL TOTAL 16 452.13 28.26 226.07 .028 .80 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .000 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 . 00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	16	452.13	28.26	.028	226.07	.80
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	57.32	28.66	.004	28.66	.10
PATHOLOGY	1	7	141.04	20.15	.012	141.04	.25
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	211.46	70.49	.005	211.46	.37
CROSSOVERS/ALL OTH OUTPTNT	1	4	42.31	10.58	.007	42.31	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2003 THRU DE	EC 2003	PAGE 7,551
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MIA - NO S	OC - PREGNANT	AID CODE	86		
					MON	ITHLY AVERAC	GE

MERCED COORT	BOMMET OF BLICV	TODO TOR MILI	NO DOC	TREGIVINT	TIID CODE	MC	NTHLY AVER	ACF	
568 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST				COST PER
300 111011110		OR DAYS OF CAR		HALL HINDI I GICED	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	137	725	. _ \$	326,265.71	\$ 450.02		\$ 2381.50	Ġ	
COMM HOSP INPATIENT TOTAL	52	246	٧	314,758.86	1279.51	.433	6053.06		554.15
HSC HOSPITALS	46			275 958 49	1314 09	.370	5999.10		485.84
NON-HSC HOSPITALS TOTAL	46 7	36		38,800.37	1077.79	.063	5542.91		68.31
ACCOMMODATIONS	7	210 36 36		12,170.94	338.08	.063	1738.71		21.43
ADMINISTRATIVE DAYS	,	14		3,238.20	231.30	.025	3238.20		5.70
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	22		8,932.74	406.03	.039	1488.79		15.73
ANCILLARIES	7	0		26,629.43	.00	.000	3804.20		46.88
INPATIENT CROSSOVERS	, 0 0 99	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0			.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	99	479		.00 11,506.85 2 339 86	24.02	.843	116.23		20.26
MEDICAL	28	44		2,339.86	53.18	.077	83.57		4.12
SURGERY	6	6		228.35	38.06	.011	38.06		.40
PATHOLOGY	54	192		2,196.40	11.44	.338	40.67		3.87
RADIOLOGY	17	20		1,322.25	66.11	.035	77.78		2.33
ROOM USE	51	95		3,669.91	38.63	.167	71.96		6.46
CROSSOVERS/ALL OTH OUTPTNT		122		1,750.08	14.34	.215	38.05		3.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000			.00
MENTALLY ILL	0	0	٧	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	Ö		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$		\$.00	.000			.00
LEV A-INTERMEDIATE	0	0	т	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000			.00
ICF DDH	0	0	•	.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	133	431	\$	6,445.98	\$ 14.96	.759	\$ 48.47	\$	11.35
PATHOLOGY	133	431		6,445.98	14.96	.759	48.47		11.35
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	114	260	\$	23,916.32	\$ 91.99	.458			42.11
CLINIC	19	65		1,575.74	24.24	.114	82.93		2.77
SURGICENTER	2	2		87.82	43.91	.004	43.91		.15
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00

97 193 22,252.76 115.30 .340 229.41 39.18 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,552 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MON	THLY AVERA	GE
568 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	50	207 \$	5,249.87	\$ 25.36	.364	105.00	\$ 9.24
DURABLE MED. EQUIP.	1	2	38.26	19.13	.004	38.26	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	165	2,245.33	13.61	.290	132.08	3.95
AMBULANCES/AIR TRANS	17	165	2,245.33	13.61	.290	132.08	3.95
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	.033	105.00	3.51
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	60.84	7.61	.014	20.28	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	32.20	16.10	.004	32.20	.06
PROSTHETIST/ORTHOTISTS	9	9	779.05	86.56	.016	86.56	1.37
PROSTHETICS	1	1	26.27	26.27	.002	26.27	.05
ORTHOTICS	8	8	752.78	94.10	.014	94.10	1.33
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.004	99.19	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	60 \$	55,363.59	\$ 922.73	.106	9227.27	\$ 97.47
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	.00	\$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARAT	TE INFORMATION ITEM	ONLY;				
THE AMOUNTS ARE ALREADY INCLUD	ED IN THE APPE	ROPRIATE DETAIL LINE	S ABOVE.				
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,553 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

MONTHLIT IZ ALZEDA OD

					MON	ITHLY AVERA	GE
568 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	515	4,837 \$	464,955.54	\$ 96.12	8.516 \$	902.83	\$ 818.58
@PHYSICIANS SERVICES	339	1,405 \$	85,604.57	\$ 60.93	2.474 \$	252.52	\$ 150.71
OUTPATIENT VISITS	208	540	21,823.27	40.41	.951	104.92	38.42
OFFICE VISITS	65	90	2,886.58	32.07	.158	44.41	5.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	33	39	1,981.28	50.80	.069	60.04	3.49
PREVENTIVE CARE	1	1	34.69	34.69	.002	34.69	.06
OB VISITS/COMPRE PERI	149	404	16,811.44	41.61	.711	112.83	29.60
OTHER OUTPATIENT	2	6	109.28	18.21	.011	54.64	.19
INPATIENT VISITS	56	189	14,828.35	78.46	.333	264.79	26.11
HOSPITAL VISITS	49	121	5,024.51	41.52	.213	102.54	8.85
CRITICAL CARE	11	68	9,803.84	144.17	.120	891.26	17.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.08

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	1	1		46.44	46.44	.002	46.44		.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	67	202		33,251.84	164.61	.356	496.30		58.54
PRINCIPAL SURGEON	50	55		27,382.39	497.86	.097	547.65		48.21
ASSISTANT SURGEON	10	10		1,865.00	186.50	.018	186.50		3.28
ANESTHESIOLOGIST	20	137		4,004.45	29.23	.241	200.22		7.05
OUTPATIENT SURGERY	32	63		4,168.33	66.16	.111	130.26		7.34
PRINCIPAL SURGEON	27	34		3,467.72	101.99	.060	128.43		6.11
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	13	29		700.61	24.16	.051	53.89		1.23
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	71	214		1,667.41	7.79	.377	23.48		2.94
RADIOLOGY	99	119		5,831.64	49.01	.210	58.91		10.27
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	17	21		785.43	37.40	.037	46.20		1.38
OTHER SERVICES/ALL X-OVERS	36	56		3,201.86	57.18	.099	88.94		5.64
@PHARMACY	213	1,693	\$	14,277.03	\$ 8.43	2.981	\$ 67.03	\$	25.14
PRESCRIPTION DRUGS	204	441	•	13,240.05	30.02	.776	64.90	•	23.31
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	204	441		13,240.05	30.02	.776	64.90		23.31
MEDICAL SUPPLIES	18	1,252		1,036.98	.83	2.204	57.61		1.83
@DENTIST	15	72	\$	2,154.00	\$ 29.92	.127	\$ 143.60	\$	3.79
VISITS - DIAGNOSTIC	12	49		622.00	12.69	.086	51.83		1.10
ORAL SURGERY	3	4		390.00	97.50	.007	130.00		.69
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	1	1		118.00	118.00	.002	118.00		.21
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	6	17		979.00	57.59	.030	163.17		1.72
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	1		45.00	45.00	.002	45.00		.08
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUE	RES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	PAC	GE 7,554
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	1 - AIM S	NO SOC	- TOTAL					
						110		~=	

MERCED COUNTY	SOMMAN OF SERV	ATCES LOK MIN	- 110 500	_ IOIAL							
							M	CNC	THLY AVERA	\GE	
568 ELIGIBLES	USERS	UNITS OF SERV	ICE.	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF C	ARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7	24	\$	523.05	\$	21.79	.042	\$	74.72	\$.92
DIAGNOSTIC AND ANC. PROCED	5	5	,	189.80		37.96	.009		37.96		.33
EYE APPLIANCES	6	17	,	214.25		12.60	.030		35.71		.38
OTHER OPTOMETRIC SERVICES	2	2	2	119.00		59.50	.004		59.50		.21
@CHIROPRACTOR	2	4	\$	66.88	\$	16.72	.007	\$	33.44	\$.12
VISITS	2	4	Ł	66.88		16.72	.007		33.44		.12
OTHER SERVICES	0	C)	.00		.00	.000		.00		.00
@PODIATRIST	0	C) \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	C)	.00		.00	.000		.00		.00
SURGERY/ANES.	0	C)	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	C)	.00		.00	.000		.00		.00
OTHER	0	C)	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	C	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	C) \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	C	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	C	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	C	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	139	741	. \$	326,717.84	\$	440.91	1.305	\$	2350.49	\$	575.21

HOSP INPATIENT TOTAL	52	246	314,758.86	1279.51	.433	6053.06	554.15
HSC HOSPITALS	46	210	275,958.49	1314.09	.370	5999.10	485.84
NON-HSC HOSPITAL TOTAL	7	36	38,800.37	1077.79	.063	5542.91	68.31
ACCOMMODATIONS	7	36	12,170.94	338.08	.063	1738.71	21.43
ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.025	3238.20	5.70
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22	8,932.74	406.03	.039	1488.79	15.73
ANCILLARIES	7	0	26,629.43	.00	.000	3804.20	46.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	495	11,958.98	24.16	.871	118.41	21.05
MEDICAL	28	44	2,339.86	53.18	.077	83.57	4.12
SURGERY	8	8	285.67	35.71	.014	35.71	.50
PATHOLOGY	55	199	2,337.44	11.75	.350	42.50	4.12
RADIOLOGY	17	20	1,322.25	66.11	.035	77.78	2.33
ROOM USE	52	98	3,881.37	39.61	.173	74.64	6.83

CROSSOVERS/ALL OTH OUTPTNT	47	126	1,792.39	14.23	.222	38.14	3.16
@COUNTY HOSPITAL TOTAL	2	16 \$	452.13	\$ 28.26	.028	\$ 226.07	\$.80
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	16	452.13	28.26	.028	226.07	.80
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	57.32	28.66	.004	28.66	.10
PATHOLOGY	1	7	141.04	20.15	.012	141.04	.25
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	211.46	70.49	.005	211.46	.37
CROSSOVERS/ALL OTH OUTPTNT	1	4	42.31	10.58	.007	42.31	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 7,555
MOP024	FEE-FOR-SERVICE/DENTAL	L.					01/29/04

----- MONTHLY AVERAGE -----

MERCED COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

568 ELIGIBLES **USERS** UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** @COMMUNITY HOSPITAL TOTAL 137 725 326,265.71 450.02 1.276 \$ 2381.50 \$ 574.41 COMM HOSP INPATIENT TOTAL 52 246 314,758.86 1279.51 .433 6053.06 554.15 210 1314.09 .370 5999.10 485.84 HSC HOSPITALS 275,958.49 NON-HSC HOSPITALS TOTAL 36 38,800.37 1077.79 .063 5542.91 68.31 ACCOMMODATIONS 36 12,170.94 338.08 .063 1738.71 21.43 ADMINISTRATIVE DAYS 14 3,238.20 231.30 .025 3238.20 5.70 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 22 8,932.74 .039 1488.79 ALL OTHER ACCOM 406.03 15.73 0 26,629.43 .00 .000 3804.20 46.88 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 0 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 479 11,506.85 COMM HOSP OUTPATIENT TOTAL 99 24.02 .843 116.23 20.26 MEDICAL 44 2,339.86 53.18 .077 83.57 4.12 SURGERY 6 228.35 38.06 .011 38.06 .40 6 54 2,196.40 40.67 PATHOLOGY 192 11.44 .338 3.87 RADIOLOGY 17 20 1,322.25 66.11 .035 77.78 2.33 51 95 ROOM USE 3,669.91 38.63 .167 71.96 6.46 CROSSOVERS/ALL OTH OUTPTNT 46 122 1,750.08 14.34 .215 38.05 3.08 @STATE HOSPITAL \$.00 .000 .00 0 .00 \$.00 MENTALLY ILL 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 @NURSING FACILITY .000 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 .00 .00 .00 LEV B-REHAB MD .000 .00 0 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 LEV B-REGULAR 0 .00 .00 .00 .00 .000 @INTERMEDIATE CARE FACIL.-DD 0 .00 \$.00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 0 @HEMODIALYSIS TOTAL .00 .00 .000 .00 \$.00 .00 0 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	133	431	\$	6,445.98	\$	14.96	.759	\$	48.47	\$	11.35
PATHOLOGY	133	431		6,445.98		14.96	.759		48.47		11.35
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	114	260	\$	23,916.32	\$	91.99	.458	\$	209.79	\$	42.11
CLINIC	19	65		1,575.74		24.24	.114		82.93		2.77
SURGICENTER	2	2		87.82		43.91	.004		43.91		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	97	193		22,252.76		115.30	.340		229.41		39.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUR	RES MO	ONTH-OF-PAYMENT F	REPORT	' FOR JAN	2003 THRU	DEC	2003	PI	AGE 7,556
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR MIA - 1	10 SO	C - TOTAL							
							M	ONT	HLY AVERA	GE -	
568 ELIGIBLES	HISERS HINTT	'S OF SERVICE	7	EXDENDITIBES	Δ1717	PACE COST	VAC/PTIMII '	S (TOST DER	(TOST DER

568 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	50	207	\$ 5,249.87	\$ 25.36	.364	•	•
DURABLE MED. EQUIP.	1	2	38.26	19.13	.004	38.26	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	165	2,245.33	13.61	.290	132.08	3.95
AMBULANCES/AIR TRANS	17	165	2,245.33	13.61	.290	132.08	3.95
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	.033	105.00	3.51
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	60.84	7.61	.014	20.28	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	32.20	16.10	.004	32.20	.06
PROSTHETIST/ORTHOTISTS	9	9	779.05	86.56	.016	86.56	1.37
PROSTHETICS	1	1	26.27	26.27	.002	26.27	.05
ORTHOTICS	8	8	752.78	94.10	.014	94.10	1.33
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.004	99.19	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	60	\$ 55,363.59	\$ 922.73	.106	\$ 9227.27	\$ 97.47
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

THESE DATA ARE INCLUDED I	N THE APPROPRIATE DETAIL DINES ADOVE.		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT	REPORT FOR JAN 2003 THRU DEC 2003	PAGE 7,557
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC	ATD CODE 53	

						MC)NT	HLY AVERA	GΕ	
28 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
	0	R DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	21	255	\$ 21,431.42	\$	84.04	9.107	\$	1020.54	\$	765.41
@PHYSICIANS SERVICES	8	20	\$ 804.26	\$	40.21	.714	\$	100.53	\$	28.72
OUTPATIENT VISITS	4	5	365.00		73.00	.179		91.25		13.04
OFFICE VISITS	2	2	80.49		40.25	.071		40.25		2.87

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	284.51	94.84	.107	142.26	10.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	67.50	33.75	.071	33.75	2.41
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	67.50	33.75	.071	33.75	2.41
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	4	178.82	44.71	.143	89.41	6.39
PRINCIPAL SURGEON	2	<u>1</u> 4	178.82	44.71	.143	89.41	6.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	2	16.34	5.45	.107	8.17	.58
RADIOLOGY	2	3 1	157.74	39.44	.143	52.58	5.63
	5	9	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	2					
OTHER SERVICES/ALL X-OVERS	2		18.86	9.43	.071	9.43	.67
@PHARMACY	14	83 \$	9,493.46	\$ 114.38	2.964 \$		\$ 339.05
PRESCRIPTION DRUGS	14	83	9,493.46	114.38	2.964	678.10	339.05
SNF/ICF	4	28	1,207.62	43.13	1.000	301.91	43.13
OUTPATIENTS	10	55	8,285.84	150.65	1.964	828.58	295.92
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 7,558
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MIA - SOC	- LTC	AID CODE	53		
					MON	THLY AVERA	GE
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EVE ADDITAMORO	0	0	0.0	0.0	000	0.0	0.0

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EYE APPLIANCES

OTHER SERVICES

@CHIROPRACTOR

VISITS

@PODIATRIST

OTHER OPTOMETRIC SERVICES

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0

0

0

0

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000		\$.00
	0	0 \$.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$ 0 \$					
FAMILY NURSE PRACTITIONER	U	- !	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	4	32 \$	949.66	\$ 29.68	1.143		\$ 33.92
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0		.00			
ALL OTHER INPATIENT	U		.00	.00 29.68	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	32	949.66	29.68	1.143	237.42	33.92
MEDICAL	2	2	33.07	16.54	.071	16.54	1.18
SURGERY	2	2	35.40	17.70	.071	17.70	1.26
PATHOLOGY	2	16	191.38	11.96	.571	95.69	6.84
RADIOLOGY	2	2	208.48	104.24	.071	104.24	7.45
ROOM USE	3	6	412.83	68.81	.214	137.61	14.74
CROSSOVERS/ALL OTH OUTPTNT	3	4	68.50	17.13	.143	22.83	2.45
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	Û ,	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Ô	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	EC 2003	
MOP024	FEE-FOR-SERVICE	I/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	VICES FOR MIA - SOC	- LTC	AID CODE	53		
					MON	THLY AVERA	GE
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	32 \$	949.66	\$ 29.68	1.143		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSE INFAITENT TOTAL	0	0	.00	.00		.00	.00

28 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	32	\$	949.66	\$ 29.68	1.143 \$	237.42	\$ 33.92
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	32	949.66	29.68	1.143	237.42	33.92
MEDICAL	2	2	33.07	16.54	.071	16.54	1.18
SURGERY	2	2	35.40	17.70	.071	17.70	1.26
PATHOLOGY	2	16	191.38	11.96	.571	95.69	6.84
RADIOLOGY	2	2	208.48	104.24	.071	104.24	7.45
ROOM USE	3	6	412.83	68.81	.214	137.61	14.74
CROSSOVERS/ALL OTH OUTPINT	3	4	68.50	17.13	.143	22.83	2.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	85	\$ 8,959.27	\$ 105.40	3.036	\$ 8959.27	\$ 319.97
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		00	.00	.000		.00		.00
LEV B-REGULAR	1	85	8,959.	27	105.40	3.036		8959.27		319.97
@INTERMEDIATE CARE FACILDD	0	0 \$		00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		00	.00	.000		.00		.00
ICF DD	0	0		00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$		00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$		00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		00	.00	.000		.00		.00
@LABORATORY FACILITY	4	14 \$	529.	40 \$	37.81	.500	\$	132.35	\$	18.91
PATHOLOGY	4	14	529.	40	37.81	.500		132.35		18.91
XO AND OTHERS	0	0		00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	4 \$	368.	02 \$	92.01	.143	\$	92.01	\$	13.14
CLINIC	0	0		00	.00	.000		.00		.00
SURGICENTER	0	0		00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		00	.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4	368.	02	92.01	.143		92.01		13.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF-PAYMEN	report	FOR JAN 2	2003 THRU I	DEC	2003	PA	GE 7,560
MOP024	FEE-FOR-SERVICE/DENTA	L								01/29/04

AID CODE 53

SUMMARY OF SERVICES FOR MIA - SOC - LTC

----- MONTHLY AVERAGE -----UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 28 ELIGIBLES USERS EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 17 327.35 19.26 163.68 \$ 11.69 @ALL OTHER PROVIDERS .607 \$ DURABLE MED. EQUIP. .00 .00 .000 .00 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 MEDICAL TRANSPORTATION 17 327.35 19.26 .607 163.68 11.69 17 327.35 19.26 163.68 AMBULANCES/AIR TRANS .607 11.69 .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .000 PROSTHETICS .00 .00 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .000 \$.00 .00 .00 \$ \$

MERCED COUNTY

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,561 MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

01/29/04

----- MONTHLY AVERAGE -----

| SIMPARY OF SIRVICES FOR NLA SUC - PRESENTE | AID CODE 87 | COST PRESENTE | COST PRESENTED ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS 08 ELIGIBLES @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHARMACY #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,562 MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87 01/29/04

08 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	U	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	4	12 \$	1,338.67	\$ 111.56	1.500 \$	334.67	\$ 167.33
HOSP INPATIENT TOTAL	1	1	1,140.01	1140.01	.125	1140.01	142.50
HSC HOSPITALS	1	1	1,140.01	1140.01	.125	1140.01	142.50
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ů.	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	11	198.66	18.06	1.375	66.22	24.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	51.59	51.59	.125	51.59	6.45
PATHOLOGY	1	1	3.14	3.14	.125	3.14	.39
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	96.98	32.33	.375	32.33	12.12
CROSSOVERS/ALL OTH OUTPTNT	3	6	46.95	7.83	.750	15.65	5.87
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MOI					PAGE 7,563
MOP024	FEE-FOR-SERVICE/DI		THE OF THE PROPERTY INDIVIDUAL	I OILI I OIL OAN A	LOUS TIME DEC	2005	01/29/04
MERCED COUNTY		ES FOR MIA - SOC - 1	PREGNANT	AID CODE	87		01/27/01
TILITOLD COUNTY	Sommer of Shrvice	15 1 510 11111 500	T 1/11/01/11/11	TILD CODE		ישד.ע אידהאי	그

		OR DAIS OF CARE			PEI	R UNII/DAI	PER ELIC	7	USER		FLIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	12	\$	1,338.67	\$	111.56	1.500	\$	334.67	\$	167.33
COMM HOSP INPATIENT TOTAL	1	1		1,140.01		1140.01	.125		1140.01		142.50
HSC HOSPITALS	1	1		1,140.01		1140.01	.125		1140.01		142.50
NON-HSC HOSPITALS TOTAL	0	_		.00		.00	.000		.00		.00
	0	0					.000				
ACCOMMODATIONS	0	0		.00		.00			.00		.00
ADMINISTRATIVE DAYS	Ü	Ü		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	n		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
	U										.00
COMM HOSP OUTPATIENT TOTAL	3	11		198.66		18.06	1.375		66.22		24.83
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		51.59		51.59	.125		51.59		6.45
PATHOLOGY	1	1		3.14		3.14	.125		3.14		.39
RADIOLOGY	Ω	0		.00		.00	.000		.00		.00
	2	2		96.98		32.33	.375		32.33		12.12
ROOM USE	3	3									
CROSSOVERS/ALL OTH OUTPINT	3	6		46.95		7.83	.750		15.65		5.87
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
	0	•									
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
	0	0	Ą		Ą			Ą		Ą	
ICF DDH	Ü	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	4		4			4		4	
@REHABILITATION FACILITY	U		\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	34.43	\$	34.43	.125	\$	34.43	\$	4.30
PATHOLOGY	1	1		34.43		34.43	.125		34.43		4.30
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	ė.	.00	.000	۲.	.00	\$.00
	0	0	Ą		Ą			Ą		Ą	
CLINIC	Ü	Ü		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES	MONTH-OF-PAYMENT RE	POR'	r for tan		DEC	2003	P	AGE 7,564
MOP024	FEE-FOR-SERVICE				JI 010	I I OIL OIII	2005 111110	DLC	2003		01/29/04
			~~	DDECNIA NEE		ATD CODE	0.77				01/25/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR MIA - S	UC	- PREGNANT		AID CODE				~-	
									HLY AVERA		
08 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	ZS (COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	•	.00		.00	.000	•	.00	•	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0										
HEARING AID DISPENSERS	· ·	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00

PER UNIT/DAY PER ELIG

USER

ELIGIBLE

OR DAYS OF CARE

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,565
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 36 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 285 24,798.47 \$ 87.01 7.917 \$ 729.37 \$ 688.85 17 @PHYSICIANS SERVICES 37 2,798.21 75.63 1.028 \$ 164.60 \$ 77.73 OUTPATIENT VISITS 6 477.95 68.28 .194 79.66 13.28 80.49 40.25 40.25 OFFICE VISITS .056 .00 .00 .00 .000 HOME VISITS .00 397.46 79.49 .139 99.37 EMERGENCY ROOM 11.04 .00 .00 .00 PREVENTIVE CARE .000 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 INPATIENT VISITS 67.50 33.75 .056 33.75 1.88 .00 .000 .00 HOSPITAL VISITS .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 SNF/ICF/TRANS IP CARE 67.50 33.75 .056 33.75 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .00 EXAMINATIONS .00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS .00 .00 .00 1,470.62 163.40 .250 294.12 INPATIENT HOSPITAL SURGERY 40.85 1,324.64 331.16 .111 331.16 PRINCIPAL SURGEON 36.80 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST 145.98 29.20 .139 145.98 4.06 356.59 59.43 89.15 **OUTPATIENT SURGERY** .167 9.91 PRINCIPAL SURGEON 356.59 59.43 .167 89.15 9.91 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .00 .000 ANESTHESIOLOGIST .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY 145.45 24.24 .167 36.36 4.04 RADIOLOGY 157.74 39.44 .111 52.58 4.38 **PSYCHIATRY** .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 3 122.36 40.79 .083 40.79 9,493.46 \$ 114.38 2.306 \$ 678.10 @PHARMACY 263.71 9,493.46 PRESCRIPTION DRUGS 14 83 114.38 2.306 678.10 263.71 28 .778 1,207.62 43.13 301.91 33.55 SNF/ICF 4 55 OUTPATIENTS 10 8,285.84 150.65 1.528 828.58 230.16 .000 MEDICAL SUPPLIES .00 .00 .00 .00 .000 \$.00 .00 \$ @DENTIST .00 .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 ORAL SURGERY .00 .00 .000 .00 .00 **DRUGS** .00 .00 .000 .00 .00 .00 .00 .000 ANESTHESIA PERIODONTICS .00 .00 .000 .00 .00 .00 .00 .00 ENDODONTICS .000 .00 .00 .00 .000 . 00 RESTORATIVE DENTISTRY .00 PROSTHETICS .00 .00 .000 .00 .00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEG	2003	PAGE 7,566
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/29/04
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MERCED COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----EXPENDITURES 36 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 S .00 S .00 DIAGNOSTIC AND ANC. PROCED Ω 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 .000 VISITS .00 .00 . 00 . 00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 \$.00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. .00 .00 .000 .00 .00 0 .00 .00 . 00 RADIO./PATHOLOGY .000 . 00 OTHER Ω .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$ @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 2,288.33 @TOTAL HOSPITAL 52.01 1.222 286.04 63.56 1140.01 HOSP INPATIENT TOTAL 1 1,140.01 .028 1140.01 31.67 HSC HOSPITALS 1 1,140.01 1140.01 .028 1140.01 31.67 .00 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 ACCOMMODATIONS .00 .00 .000 . 00 . 00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .000 ANCILLARIES .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL 43 1,148.32 26.71 1.194 164.05 31.90 16.54 16.54 MEDICAL 33.07 .056 .92 SURGERY 3 86.99 29.00 .083 29.00 17 194.52 11.44 .472 64.84 5.40 PATHOLOGY 208.48 104.24 RADIOLOGY .056 104.24 5.79 9 509.81 56.65 .250 84.97 14.16 ROOM USE 19.24 10 115.45 11.55 .278 3.21 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 Ś .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .00 .000 .00 .00 .00 HSC HOSPITALS .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 CO HOSP OUTPATIENT TOTAL .00 .000 . 00 .00 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 7,567
MOP024	FEE-FOR-SERVICE/DENTA	\L					01/29/04

MERCED COUNTY	SUMMARY OF SERV	ICES FOR MIA - S	SOC .	- TOTAL							01/2//01
							M	IONT	HLY AVERA	GE.	
36 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	44	\$	2,288.33	\$	52.01	1.222	\$	286.04	\$	63.56
COMM HOSP INPATIENT TOTAL	1	1	-T	1,140.01	т.	1140.01	.028	т.	1140.01	-	31.67
HSC HOSPITALS	_ 1	_ 1		1,140.01		1140.01	.028		1140.01		31.67
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7	43		1,148.32		26.71	1.194		164.05		31.90
MEDICAL	,	2		33.07		16.54	.056		16.54		.92
_	2	3		86.99		29.00	.083		29.00		2.42
SURGERY	3	3 17									2.42 5.40
PATHOLOGY	3	2		194.52		11.44	.472		64.84		
RADIOLOGY	2			208.48		104.24	.056		104.24		5.79
ROOM USE	6	9		509.81		56.65	.250		84.97		14.16
CROSSOVERS/ALL OTH OUTPTNT	6	10		115.45	4	11.55	.278		19.24		3.21
@STATE HOSPITAL	U	0	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4.	.00		.00	.000	4.	.00	4.	.00
@NURSING FACILITY	1	85	\$	8,959.27	Ş	105.40		Ş	8959.27	Ş	248.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	85		8,959.27		105.40	2.361		8959.27		248.87
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	15	\$	563.83	\$	37.59	.417	\$	112.77	\$	15.66
PATHOLOGY	5	15		563.83		37.59	.417		112.77		15.66
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	368.02	\$	92.01	.111	\$	92.01	\$	10.22
CLINIC	0	0	•	.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4		368.02		92.01	.111		92.01		10.22
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT R	EPOR			DEC		Ţ	PAGE 7,568
MOP024	FEE-FOR-SERVICE				010					-	01/29/04
MERCED COUNTY		ICES FOR MIA - S	SOC -	- TOTAL							,, 01
				-							

36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	17	\$ 327.35	\$ 19.26	.472 \$	163.68	\$ 9.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	17	327.35	19.26	.472	163.68	9.09
AMBULANCES/AIR TRANS	2	17	327.35	19.26	.472	163.68	9.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,569
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 \$.00 \$.00 .000 \$.00 \$.00 0 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 HOME VISITS EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .00 .00 PREVENTIVE CARE 0 .000 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES **EXAMINATIONS** .00 .00 .000 .00 .00 .00 SERVICES AND MATERIALS 0 .00 .000 .00 .00 .000 INPATIENT HOSPITAL SURGERY 0 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00		.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	.00		.00
ORAL SURGERY	0	0	.00		.00	.000	.00		.00
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE	7,570
MOP024	FEE-FOR-SERVICE/DENTAL							01/	29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	E USE						
						3.403.75	DITT IT ATTENDA (*)	_	

					MC	NTHLY AVEF	RAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CC	ST UNITS/DAYS			COST PER
		OR DAYS OF CARE		PER UNIT/D		USER		ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00				
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00)	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00)	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00)	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00) \$.00
VISITS	0	0	.00	.00	.000	.00)	.00
OTHER SERVICES	0	0	.00	.00	.000	.00)	.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00) \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00)	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00)	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00)	.00
OTHER	0	0	.00	.00	.000	.00)	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	\$.00) \$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00) \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00) \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00		\$.00		.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00		\$.00) \$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00		\$.00		.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00) .	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00)	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00)	.00
ACCOMMODATIONS	0	0	.00	.00		.00)	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00)	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00)	.00
ALL OTHER ACCOM	0	0	.00	.00		.00		.00
ANCILLARIES	0	0	.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00)	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00)	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00		.00		.00
MEDICAL	0	0	.00	.00		.00		.00
SURGERY	0	0	.00	.00		.00		.00
PATHOLOGY	0	0	.00	.00		.00		.00
RADIOLOGY	0	0	.00	.00		.00		.00
ROOM USE	0	0	.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00		.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00				.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00		.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	EC 2003	PAGE 7,571
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	FOR FOR FUTURE US	E				
					MON	NTHLY AVERAG	E
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	Ο1	ממעט סב מאסב		DED INTER/DAY	משת חשת	TICED	ET TOTOTE

00 51 56 50 56	HARRA					300 0000		OIV I I		_	GOGE DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		OST PER		COST PER
	•	OR DAYS OF CARE		0.0		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	т	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Û	Ő	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	Ŏ	Y	.00	Y	.00	.000	Y	.00	٧	.00
ICF DDI	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	ė.	.00	\$.00	.000	ċ.	.00	\$.00
HOSPITAL BASED	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ċ	.00	.000	ė	.00	\$.00
@HYDOLYHOKI LWCIHIII	U	O	ų	.00	Ÿ	.00	.000	ų	.00	ų	.00

PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI) EXPENDITURE	S MONTH-OF	-PAYMENT RE	PORT I	FOR JAN	2003 THRU	DEC 2003	PAGE	7,572
MOP024	FEE-FOR-SERVICE/DENTA	AL							01	L/29/04
MERCED COUNTY	SUMMARY OF SERVICES H	FOR FOR FUTU	RE USE							
							M	ONTHLY AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS (COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE	.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0 5	.00	.00	.000 \$.00 \$.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,573 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

						MO	NTHLY AVERA	GE	
604 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIG:	IBLE
@TOTAL, ALL PROVIDERS	549	5,122	\$	489,754.01	\$ 95.62	8.480	\$ 892.08	\$ 810	0.85
@PHYSICIANS SERVICES	356	1,442	\$	88,402.78	\$ 61.31	2.387	\$ 248.32	\$ 140	6.36
OUTPATIENT VISITS	214	547		22,301.22	40.77	.906	104.21	3 (6.92
OFFICE VISITS	67	92		2,967.07	32.25	.152	44.28	4	4.91
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	37	44		2,378.74	54.06	.073	64.29	:	3.94
PREVENTIVE CARE	1	1		34.69	34.69	.002	34.69		.06
OB VISITS/COMPRE PERI	149	404		16,811.44	41.61	.669	112.83	2'	7.83

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	2	6		109.28		18.21	.010		54.64		.18
INPATIENT VISITS	58	191		14,895.85		77.99	.316		256.83		24.66
HOSPITAL VISITS	49	121		5,024.51		41.52	.200		102.54		8.32
CRITICAL CARE	11	68		9,803.84		144.17	.113		891.26		16.23
SNF/ICF/TRANS IP CARE	2	2		67.50		33.75	.003		33.75		.11
OPHTHALMOLOGICAL SERVICES	1	1		46.44		46.44	.002		46.44		.08
EXAMINATIONS	1	1		46.44		46.44	.002		46.44		.08
	0	0									
SERVICES AND MATERIALS		-		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	72	211		34,722.46		164.56	.349		482.26		57.49
PRINCIPAL SURGEON	54	59		28,707.03		486.56	.098		531.61		47.53
ASSISTANT SURGEON	10	10		1,865.00		186.50	.017		186.50		3.09
ANESTHESIOLOGIST	21	142		4,150.43		29.23	.235		197.64		6.87
OUTPATIENT SURGERY	36	69		4,524.92		65.58	.114		125.69		7.49
PRINCIPAL SURGEON	31	40		3,824.31		95.61	.066		123.36		6.33
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	13	29		700.61		24.16	.048		53.89		1.16
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	75	220		1,812.86		8.24	.364		24.17		3.00
RADIOLOGY	102	123		5,989.38		48.69	.204		58.72		9.92
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY											
IMMUNIZATION AND INJECTION	17	21		785.43		37.40	.035		46.20		1.30
OTHER SERVICES/ALL X-OVERS	39	59		3,324.22		56.34	.098		85.24		5.50
@PHARMACY	227	,	\$	23,770.49	\$		2.940	\$		\$	39.36
PRESCRIPTION DRUGS	218	524		22,733.51		43.38	.868		104.28		37.64
SNF/ICF	4	28		1,207.62		43.13	.046		301.91		2.00
OUTPATIENTS	214	496		21,525.89		43.40	.821		100.59		35.64
MEDICAL SUPPLIES	18	1,252		1,036.98		.83	2.073		57.61		1.72
@DENTIST	15		\$	2,154.00	\$.119	\$	143.60	Ś	3.57
VISITS - DIAGNOSTIC	12	49	т	622.00	-	12.69	.081	т	51.83	-	1.03
ORAL SURGERY	3	4		390.00		97.50	.007		130.00		.65
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	1	1									
PERIODONTICS	1			118.00		118.00	.002		118.00		. 20
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	6	17		979.00		57.59	.028		163.17		1.62
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		45.00		45.00	.002		45.00		.07
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI GEDI/ICE		יכי ז	MONTH-OF-PAYMENT F	סרס			חדכ		D7	AGE 7,574
MOP024	FEE-FOR-SERVICE/		ו טו	MONIII-OF-PAIMENT N	EFOI	II FOR UAN .	2003 11110	טיינע	2003	FF	01/29/04
MERCED COUNTY			37	TNDTCENE ADILEC	ТΩ	ATT A T					01/29/04
MERCED COUNTY	SUMMARI OF SERVI	CES FOR MEDICALL	ıI.	INDIGENT - ADULTS	- 10	IAL	3.0			an.	
604 51 76751 56	Harra						M				
604 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
	_	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	7		\$	523.05	\$.040	\$	74.72	\$.87
DIAGNOSTIC AND ANC. PROCED	5	5		189.80		37.96	.008		37.96		.31
EYE APPLIANCES	6	17		214.25		12.60	.028		35.71		.35
OTHER OPTOMETRIC SERVICES	2 2	2		119.00		59.50	.003		59.50		.20
@CHIROPRACTOR	2	4	\$	66.88	\$	16.72	.007	\$	33.44	\$.11
VISITS	2	4	•	66.88	•	16.72	.007	•	33.44	•	.11
OTHER CERTIFOEC	0	0		00		00	000		00		00

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OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

MEDICINE/INJECTIONS

@PODIATRIST

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@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	147	785	\$ 329,006.17	\$ 419.12	1.300	\$ 2238.14	\$ 544.71
HOSP INPATIENT TOTAL	53	247	315,898.87	1278.94	.409	5960.36	523.01
HSC HOSPITALS	47	211	277,098.50	1313.26	.349	5895.71	458.77
NON-HSC HOSPITAL TOTAL	7	36	38,800.37	1077.79	.060	5542.91	64.24
ACCOMMODATIONS	7	36	12,170.94	338.08	.060	1738.71	20.15
ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.023	3238.20	5.36
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22	8,932.74	406.03	.036	1488.79	14.79
ANCILLARIES	7	0	26,629.43	.00	.000	3804.20	44.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	108	538		13,107.30	24.36	.891	121.36	21.70
MEDICAL	30	46		2,372.93	51.59	.076	79.10	3.93
SURGERY	11	11		372.66	33.88	.018	33.88	.62
PATHOLOGY	58	216		2,531.96	11.72	.358	43.65	4.19
RADIOLOGY	19	22		1,530.73	69.58	.036	80.56	2.53
ROOM USE	58	107		4,391.18	41.04	.177	75.71	7.27
CROSSOVERS/ALL OTH OUTPTNT	53	136		1,907.84	14.03	.225	36.00	3.16
@COUNTY HOSPITAL TOTAL	2	16	\$	452.13	\$ 28.26	.026	\$ 226.07	\$.75
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	16		452.13	28.26	.026	226.07	.75
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	2	2		57.32	28.66	.003	28.66	.09
PATHOLOGY	1	7		141.04	20.15	.012	141.04	. 23
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	3		211.46	70.49	.005	211.46	.35
CROSSOVERS/ALL OTH OUTPTNT	1	4		42.31	10.58	.007	42.31	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-O	F-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	PAGE 7,575
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	MEDICALL	Y INDIGEN	r - ADULTS -	TOTAL			
						MC	NTHLY AVERA	GE

604 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST			COST PER	COST PER
	0.0	OR DAYS OF CARE						USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	145		\$ 328,554.04		- '	1.273			
COMM HOSP INPATIENT TOTAL	53	247	315,898.87		1278.94	.409	•	5960.36	523.01
HSC HOSPITALS	47	211	277,098.50		1313.26			5895.71	458.77
NON-HSC HOSPITALS TOTAL	7	36	38,800.37		1077.79			5542.91	
ACCOMMODATIONS	7	36	12,170.94		338.08	.060		1738.71	20.15
ADMINISTRATIVE DAYS	1	14	3,238.20			.023		3238.20	5.36
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	6	22	8,932.74		406.03	.036		1488.79	14.79
ANCILLARIES	7	0	26,629.43			.000		3804.20	44.09
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	106	522	12,655.17		24.24	.864		119.39	20.95
MEDICAL	30	46	2,372.93			.076		79.10	3.93
SURGERY	9	9	315.34			.015		35.04	.52
PATHOLOGY	57	209	2,390.92		11.44	.346		41.95	3.96
RADIOLOGY	19	22	1,530.73			.036		80.56	2.53
ROOM USE	57	104	4,179.72			.172		73.33	6.92
CROSSOVERS/ALL OTH OUTPTNT	52	132	1,865.53			.219			3.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000			\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	.00
@NURSING FACILITY	1	85	\$ 8,959.27	\$.141	\$		\$ 14.83
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
LEV B-REGULAR	1	85	8,959.27			.141			
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	138	446 \$	7,009.81	. \$	15.72	.738	\$	50.80	\$	11.61
PATHOLOGY	138	446	7,009.81		15.72	.738		50.80		11.61
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	118	264 \$	24,284.34	\$	91.99	.437	\$	205.80	\$	40.21
CLINIC	19	65	1,575.74		24.24	.108		82.93		2.61
SURGICENTER	2	2	87.82		43.91	.003		43.91		.15
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	101	197	22,620.78		114.83	.326		223.97		37.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 7,576
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
MERCED COUNTY	STIMMARY OF SERVICES FO	OR MEDICALLY	INDICENT - ADILITS	. – TOT	ΔT.					

MERCED COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

					MON	IHLY AVERAG	E
604 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	52	224 \$	5,577.22	\$ 24.90	.371 \$	107.25	\$ 9.23
DURABLE MED. EQUIP.	1	2	38.26	19.13	.003	38.26	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	182	2,572.68	14.14	.301	135.40	4.26
AMBULANCES/AIR TRANS	19	182	2,572.68	14.14	.301	135.40	4.26
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	.031	105.00	3.30
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	60.84	7.61	.013	20.28	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	32.20	16.10	.003	32.20	.05
PROSTHETIST/ORTHOTISTS	9	9	779.05	86.56	.015	86.56	1.29
PROSTHETICS	1	1	26.27	26.27	.002	26.27	.04
ORTHOTICS	8	8	752.78	94.10	.013	94.10	1.25
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.003	99.19	.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	60 \$	55,363.59	\$ 922.73	.099 \$		\$ 91.66
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,577 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY SUMMARY OF SERVICES FOR ALL AGED ----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

48,530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38,383	877,367 \$	28,885,041.98	\$ 32.92	18.079 \$	752.55	\$ 595.20
@PHYSICIANS SERVICES	9,313 547 466 5	32,148 \$		\$ 16.54	.662 \$	57.10	
OUTPATIENT VISITS	547	753	29,630.50	39.35	.016	54.17	.61
OFFICE VISITS	466	638	22,641.36	35.49	.013	48.59	.47
HOME VISITS	5	5	144.20	28.84	.000	28.84	.00
EMERGENCY ROOM	90	102	6,595.18	64.66	.002	73.28	.14
EMERGENCI ROOM	0	0					
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI			.00	.00	.000	.00	.00
OTHER OUTPATIENT	_ 8	8	249.76	31.22	.000	31.22	.01
INPATIENT VISITS	75	475	18,382.23	38.70	.010	245.10	.38
HOSPITAL VISITS	67	415	12,678.23	30.55	.009	189.23	.26
CRITICAL CARE	5	46	5,342.80	116.15	.001	1068.56	.11
SNF/ICF/TRANS IP CARE	9	14	361.20	25.80	.000	40.13	.01
OPHTHALMOLOGICAL SERVICES	135	143	6,564.74	45.91	.003	48.63	.14
EXAMINATIONS	135	143	6,564.74	45.91	.003	48.63	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	38	138	14,063.51	101.91	.003	370.09	. 29
PRINCIPAL SURGEON	25	37	11,417.50	308.58	.001	456.70	. 24
ASSISTANT SURGEON	5	5	485.13	97.03	.000	97.03	.01
ANESTHESIOLOGIST	9	96	2,160.88	22.51	.002	240.10	.04
OUTPATIENT SURGERY	70	184	26,786.18	145.58	.002	339.07	.55
OUIPAILENI SURGERI	79	99				359.44	.50
PRINCIPAL SURGEON	08	99	24,442.05	246.89	.002		
ASSISTANT SURGEON	4	4	331.73	82.93	.000	82.93	.01
ANESTHESIOLOGIST	15	81	2,012.40	24.84	.002	134.16	.04
DIALYSIS	1	7	829.84	118.55	.000	829.84	.02
PATHOLOGY	179	367	2,506.25	6.83	.008	14.00	.05
RADIOLOGY	291	576	2,506.25 22,257.09	38.64	.012	76.48	.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	35	71	12,241.46	172.41	.001	349.76	.25
OTHER SERVICES/ALL X-OVERS	35 8,580	29,434	398,533.30	13.54	.607	46.45	8.21
@PHARMACY	32,855	321,214 \$		\$ 29.48	6.619 \$	288.23	\$ 195.13
PRESCRIPTION DRUGS	32,855 32,486 4,504 28,157 2,945 1,936	146,964	9,222,033.02	62.75	3.028	283.88	190.03
SNF/ICF	4,504	28,343	1,452,070.19	51.23	.584	322.40	29.92
OUTPATIENTS	28.157	118,621	7,769,962.83	65.50	2.444	275.95	160.11
MEDICAL SUPPLIES	2 945	174,250	247,849.12	1.42	3.591	84.16	5.11
@DENTIST	1 936	8,314 \$		\$ 46.09	.171 \$	197.92	
VISITS - DIAGNOSTIC	1 210	4,839	54,438.79	11.25	.100	44.66	1.12
ORAL SURGERY	207	811	42,005.00	51.79	.017	141.43	.87
DRUGS	297 1	6	90.00	15.00	.000	90.00	.00
DRUGO AND COULD CITA	11	12	1,200.00	100.00	.000	109.09	.02
ANESTHESIA	1,936 1,219 297 1 11 194						
PERIODONTICS	194	203	21,143.00	104.15	.004	108.98	. 44
ENDODONIICS	101	136	30,007.00	220.64	.003	288.53	.62
RESTORATIVE DENTISTRY	490	1,218	109,436.12	89.85	.025	223.34	2.26
PROSTHETICS	17	22	665.00	30.23	.000	39.12	.01
DENTURES, STAYPLATES	404	1,052	123,744.94	117.63	.022	306.30	2.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	426.09	213.05	.000	213.05	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	48	13	25.00	1.92	.000	.52	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 7,578
MOP024	FEE-FOR-SERVICE						01/29/04
MERCED COUNTY		ICES FOR ALL AGED					
					MON'	THLY AVERA	GE
48,530 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
10,000 11101110	ODLING	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	872	2,290 \$	42,700.39	\$ 18.65	.047 \$	48.97	
DIAGNOSTIC AND ANC. PROCED	113	116	5,318.15	45.85	.002	47.06	.11
DIMONOCITE AND ANC. PROCED	113	110	3,310.13	13.03	.002	17.00	• + +

EYE APPLIANCES	645	1,803		31,393.91		17.41	.037		48.67		.65
OTHER OPTOMETRIC SERVICES	228	371		5,988.33		16.14	.008		26.26		.12
@CHIROPRACTOR	44	85	\$	1,280.64	\$	15.07	.002	Ś	29.11	Ś	.03
VISITS	27	55	Ψ	877.80	Ψ.	15.96	.001	Τ.	32.51	Υ	.02
OTHER SERVICES	18	30		402.84		13.43	.001		22.38		.01
	1,145	1,581	\$	9,824.84	\$	6.21	.033	بي	8.58	4	.20
@PODIATRIST	•	· ·	Ą		Ą			Ą		Ą	
MEDICINE/INJECTIONS	3	3		135.80		45.27	.000		45.27		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1,142	1,578		9,689.04		6.14	.033		8.48		.20
@HOME HEALTH AGENCY	7	35	\$	2,442.58	\$	69.79	.001	\$	348.94	\$.05
NURSE ANESTHESIST	23	153	Ś	1,323.99	\$	8.65		\$	57.56	\$.03
NURSE MIDWIFE	0	0	Š	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	-	1	Ġ	27.50	\$	27.50	.000		27.50		.00
FAMILY NURSE PRACTITIONER	25	25	Ģ.	527.65	\$	21.11	.001	\$	21.11	\$.01
@TOTAL HOSPITAL	3,037	19,374	ې د	1,981,992.16	۶ \$	102.30	.399		652.62		40.84
			\$		Ą			Ą		Ą	
HOSP INPATIENT TOTAL	646	4,116		1,703,031.77		413.76	.085		2636.27		35.09
HSC HOSPITALS	159	1,079		1,079,932.31		1000.86	.022		6792.03		22.25
NON-HSC HOSPITAL TOTAL	39	237		239,928.25		1012.36	.005		6152.01		4.94
ACCOMMODATIONS	38	237		103,296.55		435.85	.005		2718.33		2.13
ADMINISTRATIVE DAYS	20	115		23,091.99		200.80	.002		1154.60		.48
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	122		80,204.56		657.41	.003		4455.81		1.65
ANCILLARIES	39	0		136,631.70		.00	.000		3503.38		2.82
	459	2,800		383,171.21		136.85	.058		834.80		7.90
INPATIENT CROSSOVERS											
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,468	15,258		278,960.39		18.28	.314		113.03		5.75
MEDICAL	102	144		5,013.71		34.82	.003		49.15		.10
SURGERY	34	37		2,845.76		76.91	.001		83.70		.06
PATHOLOGY	132	586		6,268.58		10.70	.012		47.49		.13
RADIOLOGY	134	200		14,515.77		72.58	.004		108.33		.30
ROOM USE	121	164		8,438.02		51.45	.003		69.74		.17
CROSSOVERS/ALL OTH OUTPTNT		14,127		241,878.55		17.12	.291		105.67		4.98
@COUNTY HOSPITAL TOTAL	35	123	\$	8,559.92	\$	69.59	.003	۲۰		ċ.	.18
			Ą		Ą			Ą		Ą	
CO HOSPITAL INPATIENT TOTAL		2		5,537.91		2768.96	.000		1384.48		.11
HSC HOSPITALS	1	1		2,760.45		2760.45	.000		2760.45		.06
NON-HSC HOSPITALS TOTAL	2	1		1,937.46		1937.46	.000		968.73		.04
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.00
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	2	0		1,706.16		.00	.000		853.08		.04
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	31										
CO HOSP OUTPATIENT TOTAL		121		3,022.01		24.98	.002		97.48		.06
MEDICAL	8	15		697.84		46.52	.000		87.23		.01
SURGERY	1	2		110.96		55.48	.000		110.96		.00
PATHOLOGY	5	23		263.74		11.47	.000		52.75		.01
RADIOLOGY	6	7		579.80		82.83	.000		96.63		.01
ROOM USE	10	15		556.54		37.10	.000		55.65		.01
CROSSOVERS/ALL OTH OUTPTNT	18	59		813.13		13.78	.001		45.17		.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	as M		EDUE			DEC		ÞΙ	AGE 7,579
MOP024	FEE-FOR-SERVICE		10 1	IOIVIII OI IIIIIIIIII IC		CI TOR 0711 2	1005 11110	рцс	2005	1.2	01/29/04
MERCED COUNTY											01/29/04
MERCED COUNTY	SUMMARY OF SERV	VICES FOR ALL AGEI)				_			a=	
40 500 5					_ :				HLY AVERA		
48,530 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,004	19,251	\$	1,973,432.24	\$	102.51	.397	\$	656.93	\$	40.66
COMM HOSP INPATIENT TOTAL	642	4,114		1,697,493.86		412.61	.085		2644.07		34.98
HSC HOSPITALS	158	1,078		1,077,171.86		999.23	.022		6817.54		22.20
		•									

NON-HSC HOSPITALS TOTAL	37	236	237,990.79	1008.44	.005	6432.18	4.90
ACCOMMODATIONS	37	236	103,065.25	436.72	.005	2785.55	2.12
ADMINISTRATIVE DAYS	19	114	22,860.69	200.53	.002	1203.19	.47
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	122	80,204.56	657.41	.003	4455.81	1.65
ANCILLARIES	37	0	134,925.54	.00	.000	3646.64	2.78
INPATIENT CROSSOVERS	458	2,800	382,331.21	136.55	.058	834.78	7.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,439	15,137	275,938.38	18.23	.312	113.14	5.69
MEDICAL	95	129	4,315.87	33.46	.003	45.43	.09
SURGERY	33	35	2,734.80	78.14	.001	82.87	.06
PATHOLOGY	127	563	6,004.84	10.67	.012	47.28	.12
RADIOLOGY	128	193	13,935.97	72.21	.004	108.87	.29
ROOM USE	113	149	7,881.48	52.90	.003	69.75	.16
CROSSOVERS/ALL OTH OUTPTNT	2,271	14,068	241,065.42	17.14	.290	106.15	4.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4,757	135,296	\$	13,931,533.19	\$	102.97	2.788	\$	2928.64	\$	287.07
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4,757	135,296		13,931,533.19		102.97	2.788		2928.64		287.07
@INTERMEDIATE CARE FACILDD	51	1,955	\$	323,906.72	\$	165.68	.040	\$	6351.11	\$	6.67
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	51	1,955		323,906.72		165.68	.040		6351.11		6.67
@HEMODIALYSIS TOTAL	382	570	\$	192,185.03	\$	337.17	.012	\$	503.10	\$	3.96
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	382	570		192,185.03		337.17	.012		503.10		3.96
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	601	2,519	\$	26,856.37	\$	10.66	.052	\$	44.69	\$.55
PATHOLOGY	400	2,214		23,812.24		10.76	.046		59.53		.49
XO AND OTHERS	201	305		3,044.13		9.98	.006		15.14		.06
@ORGANIZED OUTPATIENT CLINIC	5,837	10,323	\$	414,066.27	\$	40.11	.213	\$	70.94	\$	8.53
CLINIC	50	146		2,452.90		16.80	.003		49.06		.05
SURGICENTER	542	715		30,701.68		42.94	.015		56.65		.63
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5,358	9,462		380,911.69		40.26	.195		71.09		7.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	JRES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 7,580
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR ALL AG	SED								
							M	TNOI	HLY AVERA	GE	
48,530 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVE	RAGE COST	C UNITS/DAY	ZS	COST PER	(COST PER

48,530 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6,961	341,484 \$	1,571,516.47	\$ 4.60	7.037 \$	225.76	\$ 32.38
DURABLE MED. EQUIP.	232	1,331	109,943.11		.027	473.89	2.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	451	0 643	185,347.09	288.25	.013	410.97	3.82
MEDICAL TRANSPORTATION	1,101	57,460	233,824.55		1.184	212.37	4.82
AMBULANCES/AIR TRANS	221	2,123	30,953.48		.044	140.06	.64
OTHER TRANS	769	53,258	196,537.39	3.69	1.097	255.58	4.05
OTHER SERVICES	166	2,079	6,333.68		.043	38.15	.13
ACUPUNCTURE	45	127	2,207.23	17.38	.003	49.05	.05
ADULT DAY HEALTH CARE CTR	312	4,493	311,762.63	69.39	.093	999.24	6.42
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1,084	5,369	397,252.82	73.99	.111	366.47	8.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,314	3,031	44,702.47	14.75	.062	34.02	.92
PHYSICAL THERAPIST	0	0	.00		.000	.00	.00
PORTABLE X-RAY	29	74	269.79	3.65	.002	9.30	.01
PROSTHETIST/ORTHOTISTS	135	277	7,825.47		.006	57.97	.16
PROSTHETICS	134	276	7,788.47	28.22	.006	58.12	.16
ORTHOTICS	1	1	37.00	37.00	.000	37.00	.00
PSYCHOLOGIST	4	4	144.66	36.17	.000	36.17	.00
SPEECH AND AUDIOLOGY	145	284	26,512.69	93.35	.006	182.85	.55
HOSPICE SERVICES	21	307	34,446.14	112.20	.006	1640.29	.71
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.57	9.57	.000	9.57	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

3,200 268,083 5.524 67.90 4.48 ALL OTHER PROVIDERS 217,268.25 .81 @CALIF. CHILDREN SERVICES* 3CR \$ 153.33CR \$.000 \$ 0 51.11 .00 \$.00 @XOVER EXCLUDING STATE HOSP** 13,939 2,093,470.34 \$ 2.316 \$ 150.19 \$ 112,409 \$ 18.62 43.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,581
MOP024 FEE-FOR-SERVICE/DENTAL
MERCED COUNTY SUMMARY OF SERVICES FOR ALL BLIND

MERCED COUNTY	SUMMARY OF SERV	VICES FOR ALL BLIND					
					MON		
2,885 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,307	218,389 \$	2,407,622.37	\$ 11.02	75.698 \$		
@PHYSICIANS SERVICES	881	4,047 \$	107,309.70	\$ 26.52	1.403 \$		\$ 37.20
OUTPATIENT VISITS	329	483	18,992.95	39.32	.167	57.73	6.58
OFFICE VISITS	274	390	13,285.68	34.07	.135	48.49	4.61
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	62	77	4,985.85	64.75	.027	80.42	1.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	247.27	82.42	.001	123.64	.09
OTHER OUTPATIENT	13	13	474.15	36.47	.005	36.47	.16
INPATIENT VISITS	71	423	19,853.00	46.93	.147	279.62	6.88
HOSPITAL VISITS	59	389	16,911.10	43.47	.135	286.63	5.86
CRITICAL CARE	7	23	2,671.40	116.15	.008	381.63	.93
SNF/ICF/TRANS IP CARE	11	11	270.50	24.59	.004	24.59	.09
OPHTHALMOLOGICAL SERVICES	32	43	1,735.78	40.37	.015	54.24	.60
EXAMINATIONS	32	43	1,735.78	40.37	.015	54.24	.60
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	25	104	10,696.69	102.85	.036	427.87	3.71
PRINCIPAL SURGEON	21	28	8,899.68	317.85	.010	423.79	3.08
ASSISTANT SURGEON	2	2	261.36	130.68	.001	130.68	.09
ASSISIANI SURGEON ANESTHESIOLOGIST	6	$7\frac{2}{4}$	1,535.65	20.75	.026	255.94	.53
	38	109	13,093.84	120.13	.038	344.57	4.54
OUTPATIENT SURGERY	28	41	11,138.97	271.68	.014	397.82	3.86
PRINCIPAL SURGEON	1	1		118.02	.000		.04
ASSISTANT SURGEON	13	67	118.02 1,836.85	27.42	.023	118.02	.04
ANESTHESIOLOGIST						141.30	
DIALYSIS	38	112	12,667.28	113.10	.039	333.35	4.39
PATHOLOGY	69	156	945.39	6.06	.054	13.70	.33
RADIOLOGY	150	283	7,663.10	27.08	.098	51.09	2.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	49	2,380.28	48.58	.017	99.18	.83
OTHER SERVICES/ALL X-OVERS	491	2,285	19,281.39	8.44	.792	39.27	6.68
@PHARMACY	1,911	55,498 \$	702,176.27	\$ 12.65	19.237 \$		
PRESCRIPTION DRUGS	1,859	8,461	646,488.32	76.41	2.933	347.76	224.09
SNF/ICF	139	728	49,324.15	67.75	.252	354.85	17.10
OUTPATIENTS	1,727	7,733	597,164.17	77.22	2.680	345.78	206.99
MEDICAL SUPPLIES	399	47,037	55,687.95	1.18	16.304	139.57	19.30
@DENTIST	159	796 \$	32,842.40	\$ 41.26	.276 \$	206.56	\$ 11.38
VISITS - DIAGNOSTIC	97	495	5,439.00	10.99	.172	56.07	1.89
ORAL SURGERY	30	90	4,362.00	48.47	.031	145.40	1.51
DRUGS	3	5	95.00	19.00	.002	31.67	.03
ANESTHESIA	2	2	100.00	50.00	.001	50.00	.03
PERIODONTICS	23	29	3,750.00	129.31	.010	163.04	1.30
ENDODONTICS	12	20	4,153.00	207.65	.007	346.08	1.44
RESTORATIVE DENTISTRY	38	110	8,115.00	73.77	.038	213.55	2.81
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	20	38	6,138.00	161.53	.013	306.90	2.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	5	6	660.40	110.07	.002	132.08	.23
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
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 ORTHODONTIC SERVICES
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 ALL OTHER SERVICES
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,582

01/29/04

FEE-FOR-SERVICE/DENTAL
COUNTY SUMMARY OF SERVICES FOR ALL BLIND MOP024

MERCED COUNTY ----- MONTHLY AVERAGE -----## CONTINUES OF SERVICES | SAME SERVICES | SAM UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 81 \$ 1,768.24 \$ 21.83 .028 \$ 53.58 \$.61 2,885 ELIGIBLES USERS OPTOMETRIST 33
DIAGNOSTIC AND ANC. PROCED 10 @OPTOMETRIST

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00 PAGE 7,583

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01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIN	ND								01/25/04
							Mo	TNC	HLY AVERA	GE	
2,885 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	336 68 44	2,309 425 300 16 16 2 0 14 0	\$	409,464.71 372,650.93	\$	177.33	.800	\$	1218.64	\$	141.93
COMM HOSP INPATIENT TOTAL	68	425		372,650.93		876.83	.147		5480.16		129.17
HSC HOSPITALS	44	300		326,249.18		1087.50 1882.53 498.54	.104		7414.75		113.08
NON-HSC HOSPITALS TOTAL	4	16		30,120.49		1882.53	.006		7530.12		10.44
ACCOMMODATIONS	4 4	16		7,976.69		498.54	.006		1994.17		2.76
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.001		462.60		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	14		7,514.09		536.72	.005		2504.70		2.60
ANCILLARIES	4	0		22,143.80		00	.000		5535.95		7.68
INPATIENT CROSSOVERS	4 1 0 3 4 21 0 292	109		16,281.26		231.30 .00 536.72 .00 149.37	.038		775.30		5.64
ALL OTHER INPATIENT	0	0		.00		00	.000		0.0		.00
COMM HOSP OUTPATIENT TOTAL	292	1,884		36,813.78		19.54	.653		126.07 59.96 65.10		12.76
MEDICAL	59	100		3,537.54		25 20	.035		50.07		1.23
SURGERY	18	22		1,171.83		53.30	.008		55.50 65.10		.41
PATHOLOGY	95	523		5,730.47		10 96	.181		60.32		1.99
	67	87		5,041.91		10.90 57 05	.030		75.25		1.75
RADIOLOGY	99	141		5,041.91		19.54 35.38 53.27 10.96 57.95 41.91 15.26			59.69		2.05
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	170			5,909.17		41.91	.049				
CROSSOVERS/ALL OIR OUIPINI	1/8	1,011	4				.350	4	86.65	4	5.35
@STATE HOSPITAL	0 0 0 120	0	\$		\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	100	0		.00 362,342.17 .00		.00	.000		.00		.00
@NURSING FACILITY	120	3,166	\$	362,342.1/	Ş	114.45		Ş	3019.52	Ş	125.60
LEV A-INTERMEDIATE	0	0				.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	120	3,166		362,342.17 269,722.83		114.45	1.097		3019.52		125.60
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD	45	3,166 1,545	\$		\$.536	\$	5993.84	\$	93.49
ICF DDH	9	256		34,106.52		133.23	.089		3789.61		11.82
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	36	1,289		235,616.31		182.79	.447		6544.90		81.67
@HEMODIALYSIS TOTAL	183	2,994	\$	181,625.88	\$	60.66	1.038	\$	992.49	\$	62.96
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	183	2,994		181,625.88		60.66	1.038		992.49		62.96
@REHABILITATION FACILITY	4	21	\$	404.32	\$	19.25	.007	\$	101.08	\$.14
HOSPITAL BASED	2	15		264.21		17.61	.005		132.11		.09
INDEPENDENT FACILITY	2	6		140.11		23.35	.002		70.06		.05
ICF DDH ICF DDD ICF DDD/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	215	980	\$	9,693.49	\$	0 00	.340	\$	45.09	\$	3.36
PATHOLOGY	204	964	·	9,619.91	•	9.89 9.98 4.60	.334	•	47.16	·	3.33
XO AND OTHERS	11	16		73.58		4.60	.006		6.69		.03
@ORGANIZED OUTPATIENT CLINIC	419	801	\$	58,469.85	Ś	73.00	.278	Ś		Ś	20.27
CLINIC	17	81	т	2,322.48	-	28.67	.028	т	136.62	-	.81
CLID CT CHATTEED	2.0	93		4,313.85		46.39	.032		110.61		1.50
HEROIN DETOX CLINIC	39 0 377	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	377	627		51,833.52		82.67	.217		137.49		17.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAI. SERVIC		7.5	MONTH-OF-PAYMENT RI	EDOR)EC		Е	PAGE 7,584
MOP024	FEE-FOR-SERVICE		. 0.	MOIVIII OI IZIIMENI KI	DI OIC.	I TOR OTH	2005 11110 1		2005		01/29/04
MERCED COUNTY		IDENIAL ICES FOR ALL BLIN	JD.								01/29/04
MERCED COUNTY	DULINALLI OF SERV	TORS FOR ADD BUIL	νIJ				Mo	ىنىلار	אווע אוודס	CF	
2,885 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7, 7, 7, 7	TRACE COCT					COST PER
7,000 FUIGIDUED	CALCU	OR DAYS OF CARE		EVACIONTIONES			PER ELIG	٥	USER		ELIGIBLE
@ALL OTHER PROVIDERS	626	145,990	Ġ	264,900.54	ج 1	1.81		Ġ	423.16		91.82
MADD OIDER PROVIDERS	020	140,990	Ą	204,900.54	Ą	1.01	50.003	Ą	443.10	Ą	J⊥.0∠

DURABLE MED. EQUIP.	24	49	11,333.23	231.29	.017	472.22	3.93
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	21	5,621.54	267.69	.007	330.68	1.95
MEDICAL TRANSPORTATION	247	30,503	125,255.68	4.11	10.573	507.11	43.42
AMBULANCES/AIR TRANS	61	1,035	13,745.05	13.28	.359	225.33	4.76
OTHER TRANS	180	29,398	109,342.63	3.72	10.190	607.46	37.90
OTHER SERVICES	13	70	2,168.00	30.97	.024	166.77	.75
ACUPUNCTURE	5	8	151.38	18.92	.003	30.28	.05
ADULT DAY HEALTH CARE CTR	33	508	35,153.77	69.20	.176	1065.27	12.19
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	68	498	31,131.40	62.51	.173	457.81	10.79
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	69	163	5,251.01	32.21	.056	76.10	1.82
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	45	5,623.27	124.96	.016	432.56	1.95

PROSTHETICS	13	45	5,623.27	124.96	.016		432.56	1.95
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	1	5	294.39	58.88	.002		294.39	.10
SPEECH AND AUDIOLOGY	9	27	2,825.47	104.65	.009		313.94	.98
HOSPICE SERVICES	2	33	3,611.85	109.45	.011	1	805.93	1.25
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	39	1,404	11,646.88	8.30	.487		298.64	4.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	256	112,726	27,000.67	.24	39.073		105.47	9.36
@CALIF. CHILDREN SERVICES*	63	1,747	\$ 28,359.97	\$ 16.23	.606	\$	450.16	\$ 9.83
@XOVER EXCLUDING STATE HOSP**	634	28,010	\$ 167,815.31	\$ 5.99	9.709	\$	264.69	\$ 58.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 7,585 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						M	IONT	HLY AVERA	GE.	
100,967 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG	1	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	79,959	2,767,292	\$ 55,622,004.82	\$	20.10	27.408	\$	695.63	\$	550.89
@PHYSICIANS SERVICES	27,456	106,130	\$ 3,502,447.17	\$	33.00	1.051	\$	127.57	\$	34.69
OUTPATIENT VISITS	14,013	20,202	741,528.49		36.71	.200		52.92		7.34
OFFICE VISITS	10,850	15,039	484,281.92		32.20	.149		44.63		4.80
HOME VISITS	31	51	2,038.09		39.96	.001		65.74		.02
EMERGENCY ROOM	2,981	3,616	198,672.02		54.94	.036		66.65		1.97
PREVENTIVE CARE	1	1				.000		43.85		.00
OB VISITS/COMPRE PERI	123	201	12,794.91		63.66	.002		104.02		.13
OTHER OUTPATIENT	1,078 1,782	1,294	43,697.70		33.77	.013		40.54		.43
INPATIENT VISITS	1,782	10,309	499,225.97		48.43	.102		280.15		4.94
HOSPITAL VISITS	1,433	9,057	373,062.89		41.19	.090		260.34		3.69
CRITICAL CARE	149	844	114,968.49		136.22	.008		771.60		1.14
SNF/ICF/TRANS IP CARE	327	408	11,194.59		27.44	.004		34.23		.11
OPHTHALMOLOGICAL SERVICES	552	687 684	29,130.27		42.40	.007		52.77		.29
EXAMINATIONS	549	001	29,074.04		42.51	.007		52.96		.29
	3	3	56.23		18.74	.000		18.74		.00
INPATIENT HOSPITAL SURGERY	765	3,626	361,414.89		99.67	.036		472.44		3.58
PRINCIPAL SURGEON	564	968				.010		509.16		2.84
ASSISTANT SURGEON	70	71	13,410.39		188.88	.001		191.58		.13
ANESTHESIOLOGIST	252	2,587	60,836.40		23.52	.026		241.41		.60
OUTPATIENT SURGERY	1,631	4,298	351,222.15		81.72	.043		215.34		3.48
PRINCIPAL SURGEON	1,375	2,178				.022		215.66		
ASSISTANT SURGEON	30	31	3,448.98		111.26	.000		114.97		.03
ANESTHESIOLOGIST	350	2,089	51,233.86		24.53	.021		146.38		.51
DIALYSIS	228	716	67,742.82		94.61	.007		297.12		.67
PATHOLOGY	2,788	6,415	43,675.61		6.81	.064		15.67		.43
RADIOLOGY	6,121	11,712				.116		71.71		
PSYCHIATRY	6	6				.000		30.16		.00
IMMUNIZATION AND INJECTION	915	13,672	390,593.98		28.57	.135		426.88		3.87
OTHER SERVICES/ALL X-OVERS	11,315	34,487	578,793.61		16.78	.342		51.15		5.73
@PHARMACY	65,089	854,145	\$ 24,959,149.52	\$		8.460	\$	383.46	\$	247.20
PRESCRIPTION DRUGS	64,189	298,379	23,474,690.72		78.67	2.955		365.71		232.50
SNF/ICF	1,850	12,518				.124		551.54		10.11
	62,494	285,861			78.55	2.831		359.30		222.39
MEDICAL SUPPLIES	7,317	555,766	1,484,458.80		2.67	5.504		202.88		14.70
@DENTIST	5,839	29,372	\$ 1,169,221.70	\$	39.81	.291	\$	200.24		11.58
VISITS - DIAGNOSTIC	3,963	18,437	213,361.96		11.57	.183		53.84		2.11
ORAL SURGERY	888	2,235	123,817.25		55.40	.022		139.43		1.23

DRUGS	44	139		1,855.00	13.35	.001	42.16		.02
ANESTHESIA	74	80		7,900.00	98.75	.001	106.76		.08
PERIODONTICS	617	688		80,984.00	117.71	.007	131.25		.80
				,					
ENDODONTICS	426	670		136,901.50	204.33	.007	321.37		1.36
RESTORATIVE DENTISTRY	1,851	5,124		399,693.40	78.00	.051	215.93		3.96
PROSTHETICS	42	46		1,110.00	24.13	.000	26.43		.01
DENTURES, STAYPLATES	563	1,597		181,776.73	113.82	.016	322.87		1.80
SPACE MAINTAINERS	9	11		1,035.00	94.09	.000	115.00		.01
MAXILLOFACIAL SERVICES	81	84		10,079.36	119.99	.001	124.44		.10
	1	1							.01
FRACTURES, DISLOCATIONS				800.00	800.00	.000	800.00		
ORTHODONTIC SERVICES	102	151		9,627.50	63.76	.001	94.39		.10
ALL OTHER SERVICES	135	109		280.00	2.57	.001	2.07		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	P.	AGE 7,586
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
MERCED COUNTY		ICES FOR ALL DIS	ABT.FF)					01/25/01
MERCED COONII	SUMMART OF SERV	ICES FOR ALL DIS	АБПЕГ	,		MONTO		aп	
100 065						MON7			~~~~
100,967 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	1,856	5,454	\$	117,227.04	\$ 21.49	.054 \$	63.16	\$	1.16
DIAGNOSTIC AND ANC. PROCED	720	724	•	32,787.74	45.29	.007	45.54	•	.32
EYE APPLIANCES	1,470	4,181		68,956.64	16.49	.041	46.91		.68
OTHER OPTOMETRIC SERVICES		•					39.20		
	395	549		15,482.66	28.20	.005			.15
@CHIROPRACTOR	394	635	\$	10,281.99	\$ 16.19	.006 \$	26.10	Ş	.10
VISITS	372	594		9,823.00	16.54	.006	26.41		.10
OTHER SERVICES	22	41		458.99	11.19	.000	20.86		.00
@PODIATRIST	754	1,106	\$	12,107.92	\$ 10.95	.011 \$	16.06	\$.12
MEDICINE/INJECTIONS	113	123	•	2,948.14	23.97	.001	26.09	•	.03
SURGERY/ANES.	5	7		104.02	14.86	.000	20.80		.00
	2	4		69.20	17.30		34.60		.00
RADIO./PATHOLOGY						.000			
OTHER	640	972		8,986.56	9.25	.010	14.04		.09
@HOME HEALTH AGENCY	428	13,479	\$	497,656.88	\$ 36.92	.133 \$	1162.75	\$	4.93
NURSE ANESTHESIST	28	221	\$	1,948.64	\$ 8.82	.002 \$	69.59	\$.02
NURSE MIDWIFE	2	4	\$	124.26	\$ 31.07	.000 \$	62.13	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ś	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	6.1	112	Ġ	2,788.25	\$ 24.90	.001 \$	43.57	\$.03
	12,109		٠ ب					\$	
@TOTAL HOSPITAL	12,109	77,918	Ş	11,269,700.94		.772 \$	930.69	Þ	111.62
HOSP INPATIENT TOTAL	1,465	9,932		9,497,834.40	956.29	.098	6483.16		94.07
HSC HOSPITALS	1,033	7,280		8,635,117.05	1186.14	.072	8359.26		85.52
NON-HSC HOSPITAL TOTAL	120	562		574,574.90	1022.38	.006	4788.12		5.69
ACCOMMODATIONS	120	562		190,886.98	339.66	.006	1590.72		1.89
ADMINISTRATIVE DAYS	55	347		80,396.58	231.69	.003	1461.76		.80
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	68	215		110,490.40	513.91	.002	1624.86		1.09
ALL OTHER ACCOM									
ANCILLARIES	120	0		383,687.92	.00	.000	3197.40		3.80
INPATIENT CROSSOVERS	342	2,090		288,142.45	137.87	.021	842.52		2.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	11,133	67,986		1,771,866.54	26.06	.673	159.15		17.55
MEDICAL	3,144	5,465		207,872.20	38.04	.054	66.12		2.06
SURGERY	952	1,185		48,932.19	41.29	.012	51.40		.48
		19,970		219,779.81	11.01	.198	56.07		2.18
PATHOLOGY	3,920								
RADIOLOGY	2,865	4,781		369,312.55	77.25	.047	128.90		3.66
ROOM USE	4,632	6,996		290,039.00	41.46	.069	62.62		2.87
CROSSOVERS/ALL OTH OUTPTNT	5,777	29,589		635,930.79	21.49	.293	110.08		6.30
@COUNTY HOSPITAL TOTAL	205	1,486	\$	274,576.12	\$ 184.78	.015 \$	1339.40	\$	2.72
CO HOSPITAL INPATIENT TOTAL	27	193	•	235,379.78	1219.58	.002	8717.77	•	2.33
HSC HOSPITALS	26	174		213,447.00	1226.71	.002	8209.50		2.11
					1154.36				
NON-HSC HOSPITALS TOTAL	2	19		21,932.78		.000	10966.39		.22
ACCOMMODATIONS	2	19		4,394.70	231.30	.000	2197.35		.04
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.000	1156.50		.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	1	14	3,238.20	231.30	.000	3238.20	.03
ANCILLARIES	2			.00	.000	8769.04	.17
INPATIENT CROSSOVERS	0	0 0 0 1,293	.00	.00	000	0.0	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00 210.73 83.96 175.62 65.00 210.33 60.82	.00
CO HOSP OUTPATTENT TOTAL.	186	1 293	39,196.34	20 21	.013	210.73	
MEDICAL	76	186	6,380.60	34.30 108.07 11.45 100.87 36.56	.002	83.96	.06
SURGERY	8	13	1,404.97	100 07	.002	175 62	.01
	74	420	4,810.26	110.07	.004	1/5.02	
PATHOLOGY	/4		4,810.26	100.07	.004	05.00	.05
RADIOLOGY	47	98	9,885.59	100.87	.001	210.33	.10
ROOM USE	110	183	6,690.57	36.56	.002	60.82	.07
CROSSOVERS/ALL OTH OUTPTNT		393	10,024.35	25.51	.004	116.56	.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 7,587
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR ALL DISABI	JED .				
					MO	NTHLY AVERA	GE
100,967 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11 956	76,432 \$	10,995,124.82	\$ 143.85			\$ 108.90
COMM HOSP INPATIENT TOTAL	1 440	0 720	0 060 454 60	951.07	.096	6432.26	91.74
HSC HOSPITALS	1,440 1,009	7 106	8,421,670.05	1105 15	.070	8346.55	83.41
NON-HSC HOSPITALS TOTAL	110	7,100	6,421,670.05	1017 76	.070		5.47
	118 118	543	552,642.12	1017.76	.005	4683.41	
ACCOMMODATIONS	118	543	186,492.28	951.07 1185.15 1017.76 343.45	.005	1580.44	1.85
ADMINISTRATIVE DAYS	54	342	79,240.08	231.70	.003	1467.41 .00 1600.78	.78
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	67	201	107,252.20 366,149.84	533.59	.002	1600.78	
ANCILLARIES	118	0	366,149.84	.00	.000	3102.96	3.63
INPATIENT CROSSOVERS	342	2,090	288,142.45	137.87	.021	842.52	2.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	10,994	7,106 543 543 342 0 201 0 2,090 0 66,693 5,279	1,732,670.20	231.70 .00 533.59 .00 137.87 .00 25.98 38.17	.661	157.60 65.55	17.16
MEDICAL	3,074	5,279	201,491.60	38.17	.052	65.55	2.00
SURGERY	944	1,172 19,550	47,527.22 214,969.55	40.55	.012	50.35	.47
PATHOLOGY	3,855	19.550	214.969.55	11.00		55.76	2.13
RADIOLOGY	2.821	4,683	359.426.96	76.75	.046	127.41	3.56
ROOM USE	2,821 4,547	6,813	359,426.96 283,348.43	41.59		62.32	2.81
CROSSOVERS/ALL OTH OUTDINT	5 705	29,196 621 \$	625 906 44	21 44	.289	109.71	6.20
@STATE HOSPITAL	21	621 \$	625,906.44 285,464.88	¢ 450 60	006	\$ 13593.57	
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	2	621 \$ 90 531 29 282 \$	38,995.62	433.28	.001	19497.81	.39
MENIADDI IDD	10	50 E21	246,469.26	433.28 464.16	.005	12972.07	2.44
DEVELOP. DISABLED	1 1 6 6	29,282 \$	240,409.20	\$ 122.92			
@NURSING FACILITY	1,100	27,202 Q		\$ 122.92		\$ 3086.84	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	46	1,514	168,574.42	111.34 303.40	.015	3664.66	1.67
LEV B-SUBACUTE FREESTANDING	1	2 428 0			.000	606.80	.01
LEV B-SUBACUTE HSPTL BASED	14 0 1,108 461 169	428	186,424.10	435.57	.004	13316.01	1.85
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,108	27,338	3,243,649.01	118.65	.271	2927.48	32.13
@INTERMEDIATE CARE FACILDD	461	15,177 \$	2,569,691.02	\$ 169.31		\$ 5574.17	
ICF DDH	169 0 292	5,420	781,054.70	144.11	.054	4621.63	7.74
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	292	9,757	1,788,636.32	183.32	.097	6125.47	17.72
@HEMODIALYSIS TOTAL	1,037	13,510 \$	947,932.02	\$ 70.17	.134	\$ 914.11	\$ 9.39
HOSPITAL BASED	10	13	33,149.19	2549.94	.000	3314.92	.33
HEMODIALYSIS CENTER	1,027	13,497	914,782.83	67.78	.134	890.73	9.06
@REHABILITATION FACILITY	297	1,950 \$	48,602.31	\$ 24.92		\$ 163.64	\$.48
HOSPITAL BASED	132	480	17,943.35	37.38	.005	135.93	.18
INDEPENDENT FACILITY	169	1,470	30,658.96	20.86	.015	181.41	.30
	7,907		372,304.04				and the second s
@LABORATORY FACILITY		34,325 \$		\$ 10.85		\$ 47.09	\$ 3.69
PATHOLOGY	7,661	33,644	363,057.50	10.79	.333	47.39	3.60
XO AND OTHERS	247	681	9,246.54	13.58	.007	37.44	.09
@ORGANIZED OUTPATIENT CLINIC	18,888	32,979 \$	3,022,879.16	\$ 91.66		\$ 160.04	\$ 29.94
CLINIC	702	2,462	53,518.75	21.74	.024	76.24	.53

SURGICENTER	1,061	2,176	80,868.84	37.16	.022	76.22	.80
HEROIN DETOX CLINIC	20	237	2,640.02	11.14	.002	132.00	.03
RURAL HEALTH CLINIC	17,626	28,104	2,885,851.55	102.68	.278	163.73	28.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 7,588
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES F	OR ALL DISAR	red				

MERCED COUNTI	SUMMAKT OF SERV	ICES FOR ALL DISABLE	D		140	NATIONAL TAXABLE N	CE
100 065					-	NTHLY AVERA	-
100,967 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	13,906	1,550,872 \$	3,233,222.75	\$ 2.08	15.360		
DURABLE MED. EQUIP.	1,226	3,781	805,609.30	213.07	.037	657.10	7.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	346	663	106,565.88	160.73	.007	307.99	1.06
MEDICAL TRANSPORTATION	2,455	79,882	569,554.76	7.13	.791	232.00	5.64
AMBULANCES/AIR TRANS	1,669	21,707	293,546.56	13.52	.215	175.88	2.91
OTHER TRANS	693	55,996	224,097.65	4.00	.555	323.37	2.22
OTHER SERVICES	209	2,179	51,910.55	23.82	.022	248.38	.51
ACUPUNCTURE	95	216	3,979.16	18.42	.002	41.89	.04
ADULT DAY HEALTH CARE CTR	275	4,310	297,959.62	69.13	.043	1083.49	2.95
GENETIC DISEASE TESTING	17	17	1,785.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	551	2,751	208,237.09	75.70	.027	377.93	2.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,801	6,636	91,101.20	13.73	.066	32.52	.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	43	96	1,866.69	19.44	.001	43.41	.02
PROSTHETIST/ORTHOTISTS	512	1,342	139,208.57	103.73	.013	271.89	1.38
PROSTHETICS	446	1,264	136,411.90	107.92	.013	305.86	1.35
ORTHOTICS	66	78	2,796.67	35.85	.001	42.37	.03
PSYCHOLOGIST	2	3	227.97	75.99	.000	113.99	.00
SPEECH AND AUDIOLOGY	310	743	45,416.31	61.13	.007	146.50	.45
HOSPICE SERVICES	74	1,895	213,098.22	112.45	.019	2879.71	2.11
NONINST BIRTHING CENTERS	0	. 0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,990	22,301	178,903.58	8.02	.221	89.90	1.77
EPSDT SUPPLEMENTAL SERVICE	0	. 0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,777	1,426,236	569,709.40	.40	14.126	119.26	5.64
@CALIF. CHILDREN SERVICES*	2,478	139,630 \$	3,615,017.98		1.383		
@XOVER EXCLUDING STATE HOSP**	•	138,761 \$		\$ 12.95	1.374		•
@* TOTALS IN THESE LINES APE	•			.,	_,,,,	,,	T -1.1.2

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

THEITOED COCKET	DOIMENT OF DELL	VIOLO I OIL TILL TIMITLE	. 2				
					MOI	NTHLY AVERA	GE
598,412 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	249,558	1,315,940 \$	62,690,578.66	\$ 47.64	2.199	\$ 251.21	\$ 104.76
@PHYSICIANS SERVICES	87,703	207,195 \$	8,802,016.07	\$ 42.48	.346	\$ 100.36	\$ 14.71
OUTPATIENT VISITS	65,048	86,901	3,346,396.94	38.51	.145	51.45	5.59
OFFICE VISITS	45,835	56,497	1,897,432.87	33.58	.094	41.40	3.17
HOME VISITS	13	17	641.36	37.73	.000	49.34	.00
EMERGENCY ROOM	14,836	16,242	804,452.72	49.53	.027	54.22	1.34
PREVENTIVE CARE	37	37	1,485.64	40.15	.000	40.15	.00
OB VISITS/COMPRE PERI	4,662	10,779	536,364.35	49.76	.018	115.05	.90
OTHER OUTPATIENT	3,061	3,329	106,020.00	31.85	.006	34.64	.18
INPATIENT VISITS	4,002	13,321	896,729.48	67.32	.022	224.07	1.50
HOSPITAL VISITS	3,799	10,287	460,514.82	44.77	.017	121.22	.77
CRITICAL CARE	344	2,987	434,324.73	145.40	.005	1262.57	.73

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01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	12	47	1,889.93	40.21	.000	157.49	.00
OPHTHALMOLOGICAL SERVICES	939	1,042	45,891.88	44.04	.002	48.87	.08
EXAMINATIONS	925	1,028	45,554.45	44.31	.002	49.25	.08
SERVICES AND MATERIALS	14	14	337.43	24.10	.000	24.10	.00
INPATIENT HOSPITAL SURGERY	3,730	13,124	1,812,553.62	138.11	.022	485.94	3.03
PRINCIPAL SURGEON	2,759	3,260	1,490,168.96	457.11	.005	540.11	2.49
ASSISTANT SURGEON	537	538	91,732.81	170.51	.001	170.82	.15
ANESTHESIOLOGIST	1,118	9,326	230,651.85	24.73	.016	206.31	.39
OUTPATIENT SURGERY	5,421	14,116	916,945.83	64.96	.024	169.15	1.53
PRINCIPAL SURGEON	4,277	5,402	702,435.25	130.03	.009	164.24	1.17
ASSISTANT SURGEON	55	55	6,003.20	109.15	.000	109.15	.01
ANESTHESIOLOGIST	1,767	8,659	208,507.38	24.08	.014	118.00	.35
DIALYSIS	74	145	17,690.15	122.00	.000	239.06	.03
PATHOLOGY	9,857	18,242	120,427.49	6.60	.030	12.22	.20
RADIOLOGY	18,467	27,146	857,487.66	31.59	.045	46.43	1.43
PSYCHIATRY	5	5	188.05	37.61	.000	37.61	.00

IMMUNIZATION AND INJECTION	2,144	7,703		187,454.75		24.34	.013		87.43		.31
OTHER SERVICES/ALL X-OVERS	•	25,450		600,250.22		23.59	.043		53.69		1.00
@PHARMACY	125,189	374,428	\$	13 054 558 12	Ġ	34 87	.626	\$	104.28	\$	21.82
PRESCRIPTION DRUGS	123,776	307,358	•	12,568,930.56	•	40.89	.514	•	101.55	•	21.00
SNF/ICF	30	116		6,818.68		58.78	.000		227.29		.01
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY	123,750	307,242		12,562,111.88		40.89 58.78 40.89	.513		101.51		20.99
MEDICAL SUPPLIES	4,709	307,242 67,070 163,549 107,859 7,890		400,027.00		7.44	.112		103.13		.81
@DENTIST	28,338	163,549	\$	5,230,685.31	\$	31.98	.273	\$	184.58	\$	8.74
VISITS - DIAGNOSTIC	20,482	107,859		1,418,959.29	-	13.16	.180		69.28		2.37
ORAL SURGERY	4,095	7,890		467,582.65		59.26	.013		114.18		.78
DRUGS	462	888		14,981.25		16.87	.001		32.43		.03
MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	354	368		35,316.00		31.98 13.16 59.26 16.87 95.97 107.06 125.79 59.05 23.46 78.58 110.29 108.32 533.33 82.49	.001		99.76		.06
ANESTHESTA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	1,222	1,258 5,613		134,681.30 706,086.62		107.06	.002		110.21		.23
ENDODONTICS	2,812	5,613		706,086.62		125.79	.009		251.10		1.18
RESTORATIVE DENTISTRY	10,492			2,012,290.55		59.05	.057		191.79		3.36
PROSTHETICS	75	78		1,830.00		23.46	.000		24.40		.00
DENTURES, STAYPLATES	292	1,159		91,079.61		78.58	.002		311.92		.15
SPACE MAINTAINERS	314	368		40,586.00		110.29	.001		191.79 24.40 311.92 129.25 110.01 533.33		.07
MAXILLOFACIAL SERVICES	705	716		77,553.71		108.32	.001		110.01		.13
FRACTURES, DISLOCATIONS	3	3		1,600.00		533.33	.000		533.33		.00
ORTHODONTIC SERVICES	2,164	2,670		220,256.25		82.49	.004		101.78		.37
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	762	604		7,882.08		13.05	.001		10.34		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	P	AGE 7,590
MOP024	FEE-FOR-SERVICE	'/DENIAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR ALL FAM	ILIE	ES				0.TT		a =	
EOO 410 ELIGIDIEG	USERS	INTEG OF GEDVICE		EXPENDIBLE	70 77 77		M	-		_	
598,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			PER ELIG		USER		COST PER ELIGIBLE
@OPTOMETRIST	5 274	15,492	\$	375 991 0 <i>1</i>	\$.026		71.27		.63
DIAGNOSTIC AND ANC. PROCED	5,274 3,261	3,285	Ą	375,891.04 149,718.01	Ą	45.58	.005	Ą	45.91	Ą	. 25
FVF ADDITANCES	4 014	11,185		167,590.50		14.98	.019		41.75		.28
OTHER OPTOMETRIC SERVICES	987	1,022		58,582.53		57.32	.002		59.35		.10
@CHIROPRACTOR	925	1,487	\$	24,598.85	Ś	16.54	.002	Ś	26.59	Ś	.04
VISITS	924	1,485	۲	24,565.41	۲	16.54	.002	٧	26.59	٧	.04
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	99	201	\$	6,815.17	Ġ	33.91	.000	\$	68.84	\$.01
MEDICINE/INJECTIONS	78	96	·	3,273.07	•	34.09	.000	•	41.96	•	.01
SURGERY/ANES.	12	15		1,050.03		70.00	.000		87.50		.00
RADIO./PATHOLOGY	13	23		397.90		17.30	.000		30.61		.00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	26	23 67 1,086		2,094.17		31.26	.000		80.55		.00
@HOME HEALTH AGENCY	272	1,086	\$	71,642.56	\$	65.97	.002		263.39		.12
NURSE ANESTHESIST	4	35 28 0 104	\$	463.82	\$	13.25	.000		115.96		.00
NURSE MIDWIFE	7	28	\$	931.53		33.27	.000			\$.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0	0	\$.00		.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	73	104	\$		\$.000		49.93		.01
@TOTAL HOSPITAL	34,306	130,488	\$	20,645,119.37	\$	158.21	.218	\$		\$	34.50
HOSP INPATIENT TOTAL	3,605	12 626		17,519,306.95		1284.88	.023		4859.72		29.28
HSC HOSPITALS	3,065	11,662		14,710,820.45		1261.43	.019		4799.62		24.58
NON-HSC HOSPITAL TOTAL	553	1,919		2,802,385.88		1460.34	.003		5067.61		4.68
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	553	1,919		819,842.85		1284.88 1261.43 1460.34 427.22 231.09 .00 435.76 .00 112.97	.003		1482.54		1.37
ADMINISTRATIVE DAYS	18	80		18,486.83		231.09	.000		1027.05		.03
TRANSITIONAL IP CARE	0	1 030		.00		.00	.000		.00		.00
ALL OTHER ACCOM	536	1,839		801,356.02 1,982,543.03		435./6	.003		1495.07		1.34
ANCILLAKIES	55 <i>3</i>	U				.00 112.97	.000		3585.07 762.58		3.31
INPALLENT CRUSSOVERS	8	54		6,100.62		.00	.000		.00		
ALL OTHER INPATIENT	31 684	116 853		.00 3 125 812 42		.00 26 75	195		.00 98 66		.00 5 22

116,853 13,574

2,932

39,586

31,684

9,958

2,616

10,706

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

3,125,812.42

491,853.72 113,567.20

426,761.34

26.75

36.23

38.73

10.78

.195

.023

.005

.066

98.66

49.39

43.41

39.86

5.22

.82

.19

.71

RADIOLOGY	8,558	11,285		672,563.01	59.60	.019	78.59		1.12
ROOM USE	19,774	24,404		953,137.82	39.06	.041	48.20		1.59
CROSSOVERS/ALL OTH OUTPTNT	11,979	25,072		467,929.33	18.66	.042	39.06		.78
@COUNTY HOSPITAL TOTAL	11,979	1,027	\$	187,968.91	\$ 183.03	.002		بي	.31
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	247		P					Ą	
CO HOSPITAL INPATIENT TOTAL	35	127		159,736.93	1257.77	.000	4563.91		. 27
HSC HOSPITALS	35	125		157,868.44	1262.95 934.25	.000	4510.53		.26
NON-HSC HOSPITALS TOTAL	1	2		1,868.49	934.25	.000	1868.49		.00
ACCOMMODATIONS	1	2		462.60		.000	462.60		.00
ADMINISTRATIVE DAYS	1	125 2 2 2 0 0 0 0 0 900		462.60	231.30 231.30	.000	462.60		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	1	0		1,405.89	.00	.000	1405 89		.00
TMDATTENT CDOCCOVEDC	0	0		.00	.00	.000	1405.89		.00
ALL ORDED TADARTEME	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	221	0 900		20 221 00	31.37				
CO HOSP OUTPATIENT TOTAL	221	900		28,231.98		.002	127.75		.05
MEDICAL		112 27			44.16	.000	65.08		.01
SURGERY	20	27		1,618.75	59.95	.000	80.94		.00
PATHOLOGY	64	261		3,508.01	13.44	.000	54.81		.01
RADIOLOGY	51	261 92		4,606.46	50.07	.000	90.32		.01
ROOM USE	147	207		8,263.36	39.92	.000	56.21		.01
CROSSOVERS/ALL OTH OUTPTNT	101	201		5,289.20	26.31	.000	52.37		.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MO			2003 THRU DE		P	AGE 7,591
MOP024	FEE-FOR-SERVICE								01/29/04
MERCED COUNTY		JICES FOR ALL FAMI	LIES						,,
THERESE COUNTY	Borning of Bere	violo i on the ithis				MON	σπηιν Δνέρδ	GE	
598,412 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ATTEDACE COCT			_	COST PER
J90,412 EDIGIBLES	OSEKS				PER UNIT/DAY		USER		ELIGIBLE
ACOMMINITAL HODINAL MODAL	34 005	OR DAYS OF CARE	4	20,457,150.46 17,359,570.02	\$ 158.02	.216			
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	34,095		\$	20,457,150.46				Ş	
COMM HOSP INPATIENT TOTAL	3,5/2	13,508		17,359,570.02	1285.13	.023	4859.90		29.01
HSC HOSPITALS	3,032	11,537		14,552,952.01	1261.42 1460.89	.019	4799.79		24.32
NON-HSC HOSPITALS TOTAL	552	1,917		2,800,517.39	1261.42 1460.89 427.43 231.08	.003	5073.40		4.68
ACCOMMODATIONS	552	1,917		819,380.25	427.43	.003	1484.38		1.37
ADMINISTRATIVE DAYS	17	78		18,024.23	231.08	.000	1060.25		.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	536	1,839		801,356.02	435.76	.003	1495.07		1.34
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	552	1,030 0 54 0 115,953		1,981,137.14 6,100.62 .00	.00 112.97	.000			3.31
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	8	54		6.100.62	112.97	.000	762.58 .00 98.35 49.25 43.12		.01
ALL OTHER INPATTENT	0	0		0.0	.00	.000	0.0		.00
COMM HOSP OUTPATTENT TOTAL.	31 495	115 953		3,097,580.44	26.71	.194	98 35		5.18
MEDICAL	9,886	13 /62		486,907.52	36.17	.022	10.35		.81
SURGERY	2,596	13,462 2,905		111,948.45	38.54	.005	42.23		.19
		2,303			10.76	.005	39.75		.71
PATHOLOGY		39,325		423,253.33		.000	37.73		
RADIOLOGY	8,513	11,193 24,197 24,871 88		667,956.55	59.68	.019	78.46		1.12
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	19,639	24,19/		944,874.46	39.05	.040	48.11		1.58
CROSSOVERS/ALL OTH OUTPINT	11,882	24,871		462,640.13	18.60	.042	38.94		.77
@STATE HOSPITAL			\$	42,387.73 42,387.73	\$ 481.68		\$ 14129.24	\$.07
MENTALLY ILL	3	88		42,387.73	481.68		14129.24		.07
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	27	584	\$	154,761.57	\$ 265.00	.001	5731.91	\$.26
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	5	151		100,010.95	662.32	.000	20002.19		.17
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	22	433		54,750.62	126.44		2488.66		
LEV B-REGULAR			<u>ب</u>	·		.001		۲,	.09
@INTERMEDIATE CARE FACILDD	1	6	\$	1,081.89	\$ 180.32		1081.89	Ş	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	1	6		1,081.89	180.32	.000	1081.89		.00
@HEMODIALYSIS TOTAL	104	4,671	\$	261,389.44	\$ 55.96	.008	\$ 2513.36	\$.44

HEMODIAL VOIC GENTED	0.7	4 401		166 701 E6		27.00	.007		1719.50		.28
HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	240	4,401 1 104	4	100,791.50	4	37.44	.007	۸.		4	
@REHABILITATION FACILITY	240	1,104	Ş	32,200.07	Ş	29.23	.002		134.44		.05
HOSPITAL BASED	192	625		22,881.05		36.61	.001 .001		119.17 191.53		.04
INDEPENDENT FACILITY	49	4/9	4.	9,385.02	4.	19.59	.001	4.	191.53	4.	.02
@LABORATORY FACILITY	21,603	70,179	Ş	957,877.66	Ş	13.65	.117	Ş	44.34	Ş	
PATHOLOGY	21,573	70,141		956,105.81		13.63	.117		44.32		1.60
XO AND OTHERS	38	38		1,771.85		46.63	.000		46.63		.00
@ORGANIZED OUTPATIENT CLINIC	71,396	120,458	\$	11,102,112.59	\$	92.17	.201	\$	155.50	\$	18.55
CLINIC	6,856	22,367		494,945.90		22.13	.037		72.19		.83
SURGICENTER	2,055	7,974		316,397.70		39.68	.013		153.96		.53
HEROIN DETOX CLINIC	4	41		476.47		11.62	.000		119.12		.00
RURAL HEALTH CLINIC	63,833	90,076		10,290,292.52		114.24	.151		161.21		17.20
©ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU 1	DEC	2003	P.	AGE 7,592
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERV	VICES FOR ALL FAM	/ILI	ES							
							Mo	TNC	HLY AVERA	GE.	
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER	(COST PER
•		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG				ELIGIBLE
@ALL OTHER PROVIDERS	32.722	224,752	\$	1,922,252.74	\$	8.55	.376		58.74	\$	3.21
DURABLE MED. EOUIP.	545	1,502		131,803.05		87.75	.003		2/1 0/		22
BLOOD BANK	0	_, -, -		.00		.00	.000		.00 349.94 229.68		.00
HEARING AID DISPENSERS	65	205		22.745.97		110.96	.000		349.94		.04
MEDICAL TRANSPORTATION	2 774	39 095		637 135 29		16 30	065		229 68		1.06
AMRIII.ANCES/ATR TRANS	2 766	38 173		452 444 13		11 85	064		.00 349.94 229.68 163.57		.76
OTHER TRANS	2,700	911		2 149 75		2 65	.001		537.44		
OTHER TRANS	101	111		182 541 41		1644 52	.000		1807.34		.31
ACIDIMOTIPE	153	290		5 535 93		19 09	000		36 18		.01
VULLA DYA REVLAR CYDE CAD	133	200		210 10		73 06	000		36.18 109.59 103.79		.00
CENETIC DIGENCE TECTING	908	912		219.10		103 34	000		103.79		
GENETIC DISEASE LESTING	900	912		94,243.25		103.34	.002		103.79		.00
OCCUDATIONAL TUEDADICT	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL INERAPIST	6 203	14 279		150 497 09		10 47	.000		.00 23.91 162.64		.25
OPITCIAN THEDADICT	0,293	14,3/0		150,467.96		10.47	.024		43.91 160.64		.00
PODEADLE V DAV	2	7		323.27		40.47	.000		102.04		.00
PORTABLE X-RAY	746	1 270		.00		.00	.000		100.06		.00
PROSTHEITSI/ORIHOITSIS	/46	1,370		95,531.96		09.73	.002		128.06 168.41		.16
PRUSTRETICS	443	968		71,235.44		73.59	.002		168.41		.12
ORTHOTICS	344	402		24,296.52		60.44	.001		70.63 347.58		.04
PSYCHOLOGIST	20	131		6,951.53		53.07	.000				
SPEECH AND AUDIOLOGY	28 /	699		39,488.12 1,431.16 .00 695,852.72		56.49	.001		137.59		.07
HOSPICE SERVICES	2	12		1,431.16		119.26	.000		715.58		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	21,047	71,534		695,852.72		9.73	.120		33.06		1.16
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00			.00		.00
RESPIRATORY CARE PRACT.	1	5		82.35		16.47	000		89 35		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	394	94,614		40,501.33		.43	.158		102.80		.07
@CALIF. CHILDREN SERVICES*	2,551	19,486	\$.00 40,501.33 5,803,156.33 79,469.45	\$	297.81	.033	\$	2274.86	\$	
HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	576	7,722	\$	79,469.45	\$	10.29	.013	\$	137.97	\$.13
@ IOIADS IN INESE DINES ARE	GIADN VO V DREVI	WID INCOMPITON 1	_ T 121.1	OIVIII							
MILE AMOUNTED ADE ALDEADY TAI	OTTIDED TAT MITE AT	TEXMIN DIMETAN	T TAT	DO ADOLLE							

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,593 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

						MC	NTHLY AVER	AGE	
14,666 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7,807	50,910	\$ 2,278,352.98	\$	44.75	3.471	\$ 291.83	\$	155.35
@PHYSICIANS SERVICES	2,650	6,728	\$ 334,018.38	\$	49.65	.459	\$ 126.04	\$	22.78

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	1,902	2,937		120,377.66	40.99	.200	63.29	8.21
OFFICE VISITS	1,125	1,418		48,727.96	34.36	.097	43.31	3.32
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	483	540		28,296.90	52.40	.037	58.59	1.93
PREVENTIVE CARE	3	3		126.91	42.30	.000	42.30	.01
OB VISITS/COMPRE PERI	331	866		39,672.99	45.81	.059	119.86	2.71
OTHER OUTPATIENT	97	110		3,552.90	32.30	.008	36.63	.24
	187	585					243.57	3.11
INPATIENT VISITS				45,546.66	77.86	.040		
HOSPITAL VISITS	165	404		19,259.51	47.67	.028	116.72	1.31
CRITICAL CARE	27	174		26,082.15	149.90	.012	966.01	1.78
SNF/ICF/TRANS IP CARE	7	7		205.00	29.29	.000	29.29	.01
OPHTHALMOLOGICAL SERVICES	20	21		967.69	46.08	.001	48.38	.07
EXAMINATIONS	20	21		967.69	46.08	.001	48.38	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	175	580		87,288.00	150.50	.040	498.79	5.95
PRINCIPAL SURGEON	129	146		70,607.00	483.61	.010	547.34	4.81
ASSISTANT SURGEON	23	23		4,771.36	207.45	.002	207.45	.33
ANESTHESIOLOGIST	53	411		11,909.64	28.98	.028	224.71	.81
OUTPATIENT SURGERY	178	426		25,576.20	60.04	.029	143.69	1.74
PRINCIPAL SURGEON	142	170		19,256.87	113.28	.012	135.61	1.31
ASSISTANT SURGEON	4	4		301.95	75.49	.000	75.49	.02
ANESTHESIOLOGIST	60	252		6,017.38	23.88	.017	100.29	.41
DIALYSIS	0	0		458.40	.00	.000	.00	.03
PATHOLOGY	327	681		4,681.63	6.87	.046	14.32	.32
RADIOLOGY	587	837		27,551.64	32.92	.057	46.94	1.88
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	58	82		2,322.54	28.32	.006	40.04	.16
OTHER SERVICES/ALL X-OVERS	329	579		19,247.96	33.24	.039	58.50	1.31
@PHARMACY	3,501	8,897	5	298,148.13	\$ 33.51	.607 \$	85.16	
PRESCRIPTION DRUGS	3,452	7,443		285,502.23	38.36	.508	82.71	19.47
SNF/ICF	30	125		11,469.65	91.76	.009	382.32	.78
OUTPATIENTS	3,423	7,318		274,032.58	37.45	.499	80.06	18.68
MEDICAL SUPPLIES	118	1,454		12,645.90	8.70	.099	107.17	.86
@DENTIST	609	3,762	:	120,471.08	\$ 32.02	.257 \$	197.82	
VISITS - DIAGNOSTIC	455	2,385	,	33,674.86	14.12	.163	74.01	2.30
	78						181.06	
ORAL SURGERY		154		14,123.00	91.71	.011		.96
DRUGS	12	29		430.00	14.83	.002	35.83	.03
ANESTHESIA	16	18		1,700.00	94.44	.001	106.25	.12
PERIODONTICS	17	18		1,304.00	72.44	.001	76.71	.09
ENDODONTICS	54	122		18,287.00	149.89	.008	338.65	1.25
RESTORATIVE DENTISTRY	248	908		43,590.25	48.01	.062	175.77	2.97
PROSTHETICS	3	24		.00	.00	.002	.00	.00
DENTURES, STAYPLATES	4	11		492.00	44.73	.001	123.00	.03
SPACE MAINTAINERS	9	8		1,171.00	146.38	.001	130.11	.08
	10						259.40	
MAXILLOFACIAL SERVICES		9		2,593.97	288.22	.001		.18
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	44	50		2,955.00	59.10	.003	67.16	.20
ALL OTHER SERVICES	22	26		150.00	5.77	.002	6.82	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MON	TH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 7,594
MOP024	FEE-FOR-SERVICE							01/29/04
MERCED COUNTY		ICES FOR ALL MEDIC	Y.T.TA'	TNDTGENT				,,
MERCELD COONTI	BONNING OF BLICV	TODO TOR THE PRODUC	-231111	INDIGHNI		MONT	ישד.ע אידים	TF
14 666 ELICIDIES	USERS	INTEC OF CEDITOR		EADENDIATIOEC	ATTEDACE COCT		COST PER	COST PER
14,666 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			
		OR DAYS OF CARE	_	40	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	139	444 \$	S	10,464.23	\$ 23.57	.030 \$		\$.71
DIAGNOSTIC AND ANC. PROCED	86	86		3,884.09	45.16	.006	45.16	. 26
EYE APPLIANCES	114	330		4,783.63	14.50	.023	41.96	.33
OTHER OPTOMETRIC SERVICES	28	28		1,796.51	64.16	.002	64.16	.12
@CHIROPRACTOR								
	11	15 5	5	250.80	\$ 16.72	.001 S	22.80	S .02
VISITS	11 11	15 \$ 15	5	250.80 250.80	\$ 16.72 16.72	.001 \$.001	22.80 22.80	\$.02

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	20	\$ 1,407.74	\$ 70.39	.001	\$ 175.97	\$.10
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,147	4,773	\$ 981,031.05	\$ 205.54	.325	\$ 855.30	\$ 66.89
HOSP INPATIENT TOTAL	158	703	880,852.57	1252.99	.048	5575.02	60.06
HSC HOSPITALS	141	624	781,234.40	1251.98	.043	5540.67	53.27
NON-HSC HOSPITAL TOTAL	19	79	99,618.17	1260.99	.005	5243.06	6.79
ACCOMMODATIONS	19	79	30,757.16	389.33	.005	1618.80	2.10

ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.001	3238.20	.22
	0						
TRANSITIONAL IP CARE	-	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	65	27,518.96	423.37	.004	1528.83	1.88
ANCILLARIES	19	0	68,861.01	.00	.000	3624.26	4.70
	0	0		.00	.000	.00	.00
INPATIENT CROSSOVERS			.00				
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,025	4,070	.00 100,178.48 17,401.83	24.61	.278	97.74	6.83
MEDICAT	325		17 401 03	40 10			
MEDICAL		434	17,401.83	40.10	.030	53.54	1.19
SURGERY	87	100	4,745.62	47.46	.007	54.55	.32
PATHOLOGY	405	1,557	16,954.18	10.89	.106	41.86	1.16
RADIOLOGY	252	307	15,445.74	50.31	.021	61.29	1.05
ROOM USE	666	845	33,437.47	39.57	.058	50.21	2.28
CROSSOVERS/ALL OTH OUTPTNT	385	827	12,193.64	14.74	.056	31.67	.83
@COUNTY HOSPITAL TOTAL	6	23 \$		\$ 28.40	.002		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ω	0	.00	.00	.000	.00	.00
	0						
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ω	Ο	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	23	653.19	28.40	.002	108.87	.04
	0	23					
MEDICAL	2	2	62.10	31.05	.000	31.05	.00
SURGERY	2	2	57.32	28.66	.000	28.66	.00
PATHOLOGY	1	7	141.04	20.15	.000	141.04	.01
	1	,					
RADIOLOGY	Ü	Ü	.00	.00	.000	.00	.00
ROOM USE	4	6	331.45	55.24	.000	82.86	.02
	3	6					
CROSSOVERS/ALL OTH OUTPTNT	3	6	61.28	10.21	.000	20.43	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	61.28	10.21	.000	20.43	.00 PAGE 7,595
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	61.28	10.21	.000	20.43	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES C/DENTAL	61.28 MONTH-OF-PAYMENT R	10.21	.000	20.43	.00 PAGE 7,595
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES	61.28 MONTH-OF-PAYMENT R	10.21	.000 2003 THRU D	20.43 EC 2003	.00 PAGE 7,595 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURES C/DENTAL VICES FOR ALL MEDICA	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT	10.21 EPORT FOR JAN	.000 2003 THRU D	20.43 EC 2003 NTHLY AVERA	.00 PAGE 7,595 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES C/DENTAL	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT	10.21	.000 2003 THRU D	20.43 EC 2003 NTHLY AVERA	.00 PAGE 7,595 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURES C/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT	10.21 EPORT FOR JAN AVERAGE COST	.000 2003 THRU D MO UNITS/DAYS	20.43 EC 2003 NTHLY AVERA COST PER	.00 PAGE 7,595 01/29/04 GE COST PER
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES DISTRIBUTE D	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY	.000 2003 THRU D MO UNITS/DAYS PER ELIG	20.43 EC 2003 NTHLY AVERA COST PER USER	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES DISTRIBUTE D	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY	.000 2003 THRU D MO UNITS/DAYS PER ELIG	20.43 EC 2003 NTHLY AVERA COST PER USER	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158	CES AND EXPENDITURES E/DENTAL FICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19	CES AND EXPENDITURES E/DENTAL FICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 70	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19	CES AND EXPENDITURES E/DENTAL FICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 70	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19	CES AND EXPENDITURES E/DENTAL FICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 70	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19 19 19 1 0	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19 19 1 0 18 19 0	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00	AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19 19 19 1 0 18 19 0	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .00	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 .00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19 19 19 1 0 18 19 0	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .00	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 .00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19 19 1 0 18 19 0 1,019	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 0 4,047	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .00 99,525.29	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 .00 .00 .24.59	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .000 .276	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 .00 97.67	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19 19 19 1 0 18 19 0 1,019 323	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 99,525.29 17,339.73	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 .00 24.59 40.14	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .276 .029	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 6.79 1.18
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 19 0 18 19 0 1,019 323 85	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 00 27,518.96 68,861.01 00 99,525.29 17,339.73 4,688.30	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 24.59 40.14 47.84	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .000 .276 .029 .007	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68 55.16	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79 1.18 .32
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,141 158 141 19 19 19 1 0 18 19 0 1,019 323	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 99,525.29 17,339.73	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 .00 24.59 40.14	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .276 .029	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 6.79 1.18
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 19 0 1,019 323 85 404	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .00 99,525.29 17,339.73 4,688.30 16,813.14	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 24.59 40.14 47.84 10.85	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .004 .000 .000 .276 .029 .007 .106	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68 55.16 41.62	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79 1.18 .32 1.15
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 10 10 18 19 0 1,019 323 85 404 252	EES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .99,525.29 17,339.73 4,688.30 16,813.14 15,445.74	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 24.59 40.14 47.84 10.85 50.31	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .000 .276 .029 .007 .106 .021	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68 55.16 41.62 61.29	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79 1.18 .32 1.15 1.05
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 1 0 18 19 1 0 18 19 4 4 252 662	CES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307 839	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .00 99,525.29 17,339.73 4,688.30 16,813.14 15,445.74 33,106.02	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 .00 .24.59 40.14 47.84 10.85 50.31 39.46	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .000 .276 .029 .007 .106 .021 .057	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 .00 1528.83 3624.26 .00 .00 97.67 53.68 55.16 41.62 61.29 50.01	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79 1.18 .32 1.15 1.05 2.26
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 10 10 18 19 0 1,019 323 85 404 252	EES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .99,525.29 17,339.73 4,688.30 16,813.14 15,445.74	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 24.59 40.14 47.84 10.85 50.31	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .000 .276 .029 .007 .106 .021	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68 55.16 41.62 61.29	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79 1.18 .32 1.15 1.05
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 1 0 18 19 1 0 18 19 4 4 252 662	ES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307 839 821	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .00 99,525.29 17,339.73 4,688.30 16,813.14 15,445.74 33,106.02 12,132.36	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 .24.59 40.14 47.84 10.85 50.31 39.46 14.78	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .276 .029 .007 .106 .021 .057 .056	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 .00 97.67 53.68 55.16 41.62 61.29 50.01 31.76	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79 1.18 .32 1.15 1.05 2.26 .83
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 1 0 18 19 0 1,019 323 85 404 252 662 382 0	EES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307 839 821 0 \$	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .00 99,525.29 17,339.73 4,688.30 16,813.14 15,445.74 33,106.02 12,132.36 .00	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 .24.59 40.14 47.84 10.85 50.31 39.46 14.78 \$.00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .276 .029 .007 .106 .021 .057 .056 .000	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68 55.16 41.62 61.29 50.01 31.76 \$.00	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79 1.18 .32 1.15 1.05 2.26 .83 \$.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 1 0 18 19 0 1,019 323 85 404 252 662 382 0 0	EES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307 839 821 0 \$	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .00 99,525.29 17,339.73 4,688.30 16,813.14 15,445.74 33,106.02 12,132.36 .00 .00	AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 24.59 40.14 47.84 10.85 50.31 39.46 14.78 \$.00 .00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .000 .000 .276 .029 .007 .106 .021 .057 .056 .000 .000	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 .00 97.67 53.68 55.16 41.62 61.29 50.01 31.76 \$.00 .00	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79 1.18 .32 1.15 1.05 2.26 .83 \$.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 1 0 18 19 0 1,019 323 85 404 252 662 382 0	EES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307 839 821 0 \$ 0 0	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 27,518.96 68,861.01 .00 99,525.29 17,339.73 4,688.30 16,813.14 15,445.74 33,106.02 12,132.36 .00 .00 .00	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 .24.59 40.14 47.84 10.85 50.31 39.46 14.78 \$.00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .276 .029 .007 .106 .021 .057 .056 .000	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68 55.16 41.62 61.29 50.01 31.76 \$.00 .00 .00	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 .00 6.79 1.18 .32 1.15 1.05 2.26 .83 \$.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 1 0 18 19 0 1,019 323 85 404 252 662 382 0 0	EES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307 839 821 0 \$ 0 0	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 27,518.96 68,861.01 .00 99,525.29 17,339.73 4,688.30 16,813.14 15,445.74 33,106.02 12,132.36 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 24.59 40.14 47.84 10.85 50.31 39.46 14.78 \$.00 .00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .276 .029 .007 .106 .021 .057 .056 .000 .000 .000	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68 55.16 41.62 61.29 50.01 31.76 \$.00 .00 .00	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 6.79 1.18 .32 1.15 1.05 2.26 .83 \$.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADDIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 10 0 18 19 0 1,019 323 85 404 252 662 382 0 0 0 1	ES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307 839 821 0 \$ 0 0 85 \$	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 .00 99,525.29 17,339.73 4,688.30 16,813.14 15,445.74 33,106.02 12,132.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 24.59 40.14 47.84 10.85 50.31 39.46 14.78 \$.00 .00 .00 \$ 105.40	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .276 .029 .007 .106 .021 .057 .056 .000 .000 .000 .000 .000 .000 .000	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68 55.16 41.62 61.29 50.01 31.76 \$.00 .00 \$ 8959.27	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 6.79 1.18 .32 1.15 1.05 2.26 .83 \$.00 .00 \$.61
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 14,666 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,141 158 141 19 19 1 0 18 19 0 0 1,019 323 85 404 252 662 382 0 0 0	EES AND EXPENDITURES E/DENTAL VICES FOR ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 4,750 \$ 703 624 79 79 14 0 65 0 0 4,047 432 98 1,550 307 839 821 0 \$ 0 0	61.28 MONTH-OF-PAYMENT R ALLY INDIGENT EXPENDITURES 980,377.86 880,852.57 781,234.40 99,618.17 30,757.16 3,238.20 .00 27,518.96 68,861.01 .00 27,518.96 68,861.01 .00 99,525.29 17,339.73 4,688.30 16,813.14 15,445.74 33,106.02 12,132.36 .00 .00 .00	10.21 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 206.40 1252.99 1251.98 1260.99 389.33 231.30 .00 423.37 .00 .00 24.59 40.14 47.84 10.85 50.31 39.46 14.78 \$.00 .00 .00	.000 2003 THRU D MO UNITS/DAYS PER ELIG .324 .048 .043 .005 .005 .001 .000 .004 .000 .000 .276 .029 .007 .106 .021 .057 .056 .000 .000 .000	20.43 EC 2003 NTHLY AVERA COST PER USER \$ 859.23 5575.02 5540.67 5243.06 1618.80 3238.20 .00 1528.83 3624.26 .00 97.67 53.68 55.16 41.62 61.29 50.01 31.76 \$.00 .00 .00	.00 PAGE 7,595 01/29/04 GE COST PER ELIGIBLE \$ 66.85 60.06 53.27 6.79 2.10 .22 .00 1.88 4.70 .00 6.79 1.18 .32 1.15 1.05 2.26 .83 \$.00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	85		8,959.27		105.40	.006		8959.27		.61
@INTERMEDIATE CARE FACILDD	12	365	\$	66,718.35	\$	182.79	.025	\$	5559.86	\$	4.55
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	365		66,718.35		182.79	.025		5559.86		4.55
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	5	30	\$	705.18	\$	23.51	.002	\$	141.04	\$.05
HOSPITAL BASED	3	13		402.27		30.94	.001		134.09		.03
INDEPENDENT FACILITY	2	17		302.91		17.82	.001		151.46		.02
@LABORATORY FACILITY	838	2,371	\$	35,236.22	\$	14.86	.162	\$	42.05	\$	2.40
PATHOLOGY	837	2,370		35,176.72		14.84	.162		42.03		2.40
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	2,581	4,446	\$	359,165.93	\$	80.78	.303	\$	139.16	\$	24.49
CLINIC	294	1,075		25,531.74		23.75	.073		86.84		1.74
SURGICENTER	50	248		9,281.94		37.43	.017		185.64		.63
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,277	3,123		324,352.25		103.86	.213		142.45		22.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 20	03 THRU	DEC	2003	PI	AGE 7,596
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

----- MONTHLY AVERAGE ------

							ONIALI AVERA		
14,666 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	602	18,974	\$	61,776.62	\$ 3.26	1.294	•	\$	4.21
DURABLE MED. EQUIP.	19	30		8,411.48	280.38	.002	442.71		.57
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	6	16		1,885.87	117.87	.001	314.31		.13
MEDICAL TRANSPORTATION	123	1,959		25,740.25	13.14	.134	209.27		1.76
AMBULANCES/AIR TRANS	123	1,956		20,340.25	10.40	.133	165.37		1.39
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	3	3		5,400.00	1800.00	.000	1800.00		.37
ACUPUNCTURE	1	1		16.22	16.22	.000	16.22		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	52	52		5,396.00	103.77	.004	103.77		.37
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	166	380		3,650.62	9.61	.026	21.99		.25
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	1	2		32.20	16.10	.000	32.20		.00
PROSTHETIST/ORTHOTISTS	28	29		2,149.12	74.11	.002	76.75		.15
PROSTHETICS	8	9		453.91	50.43	.001	56.74		.03
ORTHOTICS	20	20		1,695.21	84.76	.001	84.76		.12
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	4	9		449.46	49.94	.001	112.37		.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	187	1,016		9,949.06	9.79	.069	53.20		.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	32	15,480		4,096.34	.26	1.056	128.01		.28
@CALIF. CHILDREN SERVICES*	106	1,057	\$	290,627.81		.072		Ś	19.82
@XOVER EXCLUDING STATE HOSP**	0	0	S	.00	\$.00	.000	\$.00		.00
@* TOTALS IN THESE LINES ARE GIV	/EN AS A SEPARAT	TE INFORMATION I	TÉM ON		,		,	т.	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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FRACTURES, DISLOCATIONS

ORTHODONTIC SERVICES

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 7,597 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

MERCED COUNTY	SUMMARY OF SERVI	ICES FOR	RENAL I	DIALYSIS		AID CODES	71		
							MON	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		Ō		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		Ô		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00			.00	.00
IMMUNIZATION AND INJECTION	0		0			.00	.000		
OTHER SERVICES/ALL X-OVERS	0		0	ċ	.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$		
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		-		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0	4	.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$		
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00	.00
					0.0	0.0	000	0.0	0.0

0 0 .00 .00 .00 ALL OTHER SERVICES .000 PAGE 7,598 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

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SUMMARY OF SERVICES FOR RENAL DIALYSIS

MERCED COUNTY

AID CODES 71

MERCED COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIAI	LYSIS		AID CODES				
						MONT			
00 ELIGIBLES		OF SERVICE	I	EXPENDITURES		UNITS/DAYS (C	COST PER
	OR DA	AYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0 4		.00	.00	.000	.00	Y	.00
	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	-						4	
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	Ü	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$		Š	.00
HOSP INPATIENT TOTAL	0	n v		.00	.00	.000	.00	٧	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
	0	0							
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	Õ		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
	0	0					.00		.00
RADIOLOGY	0	0		.00	.00	.000			
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ü	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	Ô		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	Õ		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	0	0							
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	Ü	Ü		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-	-OF-PAYMENT RE	PORT FOR JAN		2003	PP	AGE 7,599
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
MEDCED COLINTY	CIMMADY OF CEDVICES EC		TVCTC		AID CODEC	71			

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
	0		-									
CROSSOVERS/ALL OTH OUTPTNT	U		0		.00		.00	.000	4.	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		Ô		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0		0									.00
LEV B-TRANSITIONAL IP CARE	U		Ü		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0		Ő	٧	.00	٧	.00	.000	Y	.00	٧	.00
	0		0									
HEMODIALYSIS CENTER	0			Å	.00	4	.00	.000	4	.00	4	.00
@REHABILITATION FACILITY	Ü		0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00		\$.00	Ś	.00
CLINIC	0		Ô	τ	.00	Υ	.00	.000	~	.00	Τ	.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
	0		0									
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		PENDITUR	ES MONT	H-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU 1	DEC	2003	PA	GE 7,600
MOP024	FEE-FOR-SERVICE											01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR	RENAL D	IALYSIS			AID CODES	71				
								M	TNC	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	С	OST PER
	0.0		OF CARE				UNIT/DAY		_	USER		LIGIBLE
@ALL OTHER PROVIDERS	0	OIC DIIID	0	\$.00	\$.00	.000	Ċ	.00	\$.00
	0		0	Y	.00	Ÿ	.00	.000	Ÿ	.00	Ÿ	.00
DURABLE MED. EQUIP.	0											
BLOOD BANK	U		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		Ü		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		Ô		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		Ő		.00		.00	.000		.00		.00
	0		0									
IHMC, MODEL-NF, NF, AIDS, MSSP	•				.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		Ő		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	U		U		.00		.00	.000		.00		.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN A	AS A SEPARATE	TNFORMATION	TTEM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,601 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

MERCED COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PAR	ENTERAL	NO.I.KT.I.TON		AID CODES	73			
											HLY AVERA	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	Œ	EX	PENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS	OF CAR	RΕ			PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	·		.00	•	.00	.000		.00	.00
OFFICE VISITS	0		0			.00		.00	.000		.00	.00
HOME VISITS	0		0			.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0			.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0			.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0			.00		.00	.000		.00	.00
INPATIENT VISITS	0		0			.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0			.00		.00	.000		.00	.00
CRITICAL CARE	0		0			.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		n			.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00	.00
EXAMINATIONS	0		0			.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	Ō		0			.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00	.00
DIALYSIS	0		0			.00		.00	.000		.00	.00
PATHOLOGY	0		0			.00		.00	.000		.00	.00
RADIOLOGY	0		0			.00		.00	.000		.00	.00
PSYCHIATRY	0		0			.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0			.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00	.000		.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	Ġ	.00	\$.00
PRESCRIPTION DRUGS	0		0	Ą		.00	Ą	.00	.000	Ą	.00	.00
SNF/ICF	0		0			.00		.00	.000		.00	.00
OUTPATIENTS	0		0			.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		0			.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	بے	.00	\$.00
VISITS - DIAGNOSTIC	0		0	Ą		.00	Ą	.00	.000	Ą	.00	.00
ORAL SURGERY	0		0			.00		.00	.000		.00	.00
	0		0			.00		.00	.000		.00	.00
DRUGS ANESTHESIA	0		0			.00		.00	.000		.00	.00
PERIODONTICS	0		0			.00		.00	.000		.00	.00
	0		0			.00		.00	.000		.00	.00
ENDODONTICS	U		U			.00		.00	.000		.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MOD	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 7,602
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR TOTAL PARENT	ERAL NUTRITION	AID CODES	73		
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS UNI	IS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

						M	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ü	Ū	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 7,6
	FEE-FOR-SERVICE						01/29/
		ICES FOR TOTAL PARE	NTERAL NUTRITION	AID CODES	7.3		
						NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 221013220	0,021,0	OR DAYS OF CARE	2111 2113 1 1 0 1 1 2	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	_					
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	Ü	Ü	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	Ô	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000		.00
SURGERY	0	0				.00	
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000		
LEV B-TRANSITIONAL IP CARE	U A	0	.00			.00	.00
LEV B-REGULAR	U	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	Ü	0 \$.00	\$.00		\$.00	•
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
REHABILITATION FACILITY	0	0 \$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	ñ	0	.00	.00	.000	.00	.00
DLABORATORY FACILITY	0	0 \$.00	\$.00		\$.00	\$.00
	0	0 ş		·	.000	.00	•
PATHOLOGY	U	U	.00	.00			.00
XO AND OTHERS	U	Ü	.00	.00	.000	.00	.00
ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00		\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES I					PAGE 7,6

MERCED COUNTY	SUMMARY OF SERVICES F	OR TOTAL PAREN	TERAL NUTRITION	AID CODES	/ 3		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,605 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER I	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 7,606
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	R IRCA ALIENS	AID CODES	51 52 56	57		
					MONT	THLY AVERAG	E

OO ELIGIBLES	USERS	INITES OF SERVICE	EXPENDIBLIDED	AVERAGE COST		COCH DED	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
ACDEROMETED TOTAL	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	U	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	Ü	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ō	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 7,607
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		

MERCED COUNTY	SUMMARY OF SERVIC	F2 LOK II	RCA ALI	сид.	AID	CODES	31 32 30	5 /				
								MO	TNC	HLY AVERAG	BE	
00 ELIGIBLES	USERS U	NITS OF SE	ERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER	COST	PER
		OR DAYS OF	F CARE			PER	UNIT/DAY	PER ELIG		USER	ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	•	.00	•	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	•	.00	•	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	•	.00	•	.00	.000	•	.00	•	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•	.00		.00	.000	•	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	•	.00	.000	•	.00		.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON		EPORT FOR JAN 2			PAGE 7,608
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERV	/ICES FOR IRCA ALIENS	AID	CODES 51 52 56	57		
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
	•	<u>ئ</u> م	0.0	<u>i</u> 00	200	0.0	<u>.</u>

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,609
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

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THEREBE COUNTY	DOINIME OF DEEL	VICED ION HIE/HEV HE	,	WIIIIOOI DID IIID	COPH	33 30 31					
							MO	TNC	CHLY AVERA	ωGE	
7,125 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,511	15,072	5	1,973,918.57	\$	130.97	2.115	\$	786.11	\$	277.04
@PHYSICIANS SERVICES	1,127	3,701	5	251,160.22	\$	67.86	.519	\$	222.86	\$	35.25
OUTPATIENT VISITS	462	848		41,709.46		49.19	.119		90.28		5.85
OFFICE VISITS	42	45		1,597.78		35.51	.006		38.04		.22
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	198	207		11,690.10		56.47	.029		59.04		1.64

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	235	584	27,971.80	47.90	.082	119.03	3.93
OTHER OUTPATIENT	10	12	449.78	37.48	.002	44.98	.06
INPATIENT VISITS	249	703	37,654.01	53.56	.099	151.22	5.28
HOSPITAL VISITS	235	612	24,461.36	39.97	.086	104.09	3.43
CRITICAL CARE	20	91	13,192.65	144.97	.013	659.63	1.85
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	220	688	116,376.88	169.15	.097	528.99	16.33
PRINCIPAL SURGEON	165	182	96,160.75	528.36	.026	582.79	13.50
ASSISTANT SURGEON	39	40	7,496.14	187.40	.006	192.21	1.05
ANESTHESIOLOGIST	61	466	12,719.99	27.30	.065	208.52	1.79
OUTPATIENT SURGERY	59	147	11,592.21	78.86	.021	196.48	1.63
PRINCIPAL SURGEON	49	61	9,260.80	151.82	.009	189.00	1.30

ASSISTANT SURGEON	2	2		446.76		223.38	.000		223.38		.06
ANESTHESIOLOGIST	18	84		1,884.65		22.44	.012		104.70		.26
DIALYSIS	3	14		655.06		46.79	.002		218.35		.09
PATHOLOGY	115	320		2,788.44		8.71	.045		24.25		.39
RADIOLOGY	466	728		28,037.14		38.51	.102		60.17		3.94
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	19		485.58		25.56	.003		40.47		.07
OTHER SERVICES/ALL X-OVERS	165	233		11,815.00		50.71	.033		71.61		1.66
@PHARMACY	939	2,192	\$	265,787.88	\$	121.25	.308	\$	283.05	\$	37.30
PRESCRIPTION DRUGS	899	1,941		65,166.25		33.57	.272		72.49		9.15
SNF/ICF	8	15		1,431.76		95.45	.002		178.97		.20
OUTPATIENTS	891	1,926		63,734.49		33.09	.270		71.53		8.95
MEDICAL SUPPLIES	77	251		200,621.63		799.29	.035		2605.48		28.16
@DENTIST	32	91	\$	2,001.00	\$	21.99	.013	\$	62.53	\$.28
VISITS - DIAGNOSTIC	25	57		459.00		8.05	.008		18.36		.06
ORAL SURGERY	18	23		495.00		21.52	.003		27.50		.07
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.01
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	6		192.00		32.00	.001		96.00		.03
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	2		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.11
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES I	MONTH-OF-PAYMENT R	EPOR.	T FOR JAN	2003 THRU	DEC	2003	PA	
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	S FOR MI/MN	ALIE	N WITHOUT SIS AID	CODE	55 58 5F					

----- MONTHLY AVERAGE -----7,125 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 \$ DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .00 VISITS .00 .000 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 3,428.96 72.96 .007 \$ 1142.99 .00 .00 NURSE ANESTHESIST 0 .00 \$.000 \$.00 0 .00 .00 .00 .00 NURSE MIDWIFE .000 0 .00 .000 PEDIATRIC NURSE PRACTITIONER .00 .00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 158.89 @TOTAL HOSPITAL 583 2,752 1,132,064.72 411.36 1941.79 .386 HOSP INPATIENT TOTAL 216 905 1,084,542.92 1198.39 .127 5021.03 152.22 HSC HOSPITALS 175 694 777,671.98 1120.56 .097 4443.84 109.15 NON-HSC HOSPITAL TOTAL 42 196 306,030.94 1561.38 .028 7286.45 42.95 196 452.12 2109.91 88,616.41 .028 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 0 .00 0 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 88,616.41 ALL OTHER ACCOM 42 196 452.12 .028 2109.91 12.44 ANCILLARIES 42 0 217,414.53 .00 .000 5176.54 30.51

INPATIENT CROSSOVERS	1	15		840.00	56.00	.002	840.00		.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	421	1,847		47,521.80	25.73	.259	112.88		6.67
MEDICAL	92	128		5,207.87	40.69	.018	56.61		.73
SURGERY	16	17		842.65	49.57	.002	52.67		.12
PATHOLOGY	209	876		8,889.35	10.15	.123	42.53		1.25
RADIOLOGY	164	218		16,424.70	75.34	.031	100.15		2.31
ROOM USE	168	215		8,528.47	39.67	.030	50.76		1.20
CROSSOVERS/ALL OTH OUTPINT	157	393		7,628.76	19.41	.055	48.59		1.07
@COUNTY HOSPITAL TOTAL	12	172	\$	16,968.48	\$ 98.65	.024	\$ 1414.04	\$	2.38
CO HOSPITAL INPATIENT TOTAL	3	11		14,872.00	1352.00	.002	4957.33		2.09
HSC HOSPITALS	3	11		14,872.00	1352.00	.002	4957.33		2.09
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	11	161		2,096.48	13.02	.023	190.59		.29
MEDICAL	1	1		13.95	13.95	.000	13.95		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	9	81		598.32	7.39	.011	66.48		.08
RADIOLOGY	2	6		264.12	44.02	.001	132.06		.04
ROOM USE	1	1		25.00	25.00	.000	25.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	72		1,195.09	16.60	.010	239.02		.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU:	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003		7,611
MOP024	FEE-FOR-SERVICE/DENTA	L						01	1/29/04
MERCED COUNTY	SUMMARY OF SERVICES F	OR MI/MN .	ALIEN	WITHOUT SIS AID C	CODE 55 58 5F				
						M	ONTHIV AVERA	GE	

MERCED COUNTI	SUMMAKI OF SEK	VICES FOR MI/MN A	النا لا للا	WILLOOL SIS ALD	2006 22 26 21				
						MOI		_	
7,125 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	573	2,580	\$	1,115,096.24	\$ 432.21	.362	1946.07	\$	156.50
COMM HOSP INPATIENT TOTAL	214	894		1,069,670.92	1196.50	.125	4998.46		150.13
HSC HOSPITALS	172	683		762,799.98	1116.84	.096	4434.88		107.06
NON-HSC HOSPITALS TOTAL	42	196		306,030.94	1561.38	.028	7286.45		42.95
ACCOMMODATIONS	42	196		88,616.41	452.12	.028	2109.91		12.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	42	196		88,616.41	452.12	.028	2109.91		12.44
ANCILLARIES	42	0		217,414.53	.00	.000	5176.54		30.51
INPATIENT CROSSOVERS	1	15		840.00	56.00	.002	840.00		.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	410	1,686		45,425.32	26.94	.237	110.79		6.38
MEDICAL	91	127		5,193.92	40.90	.018	57.08		.73
SURGERY	16	17		842.65	49.57	.002	52.67		.12
PATHOLOGY	200	795		8,291.03	10.43	.112	41.46		1.16
RADIOLOGY	162	212		16,160.58	76.23	.030	99.76		2.27
ROOM USE	167	214		8,503.47	39.74	.030	50.92		1.19
CROSSOVERS/ALL OTH OUTPTNT	152	321		6,433.67	20.04	.045	42.33		.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	9	244	\$	29,864.72	\$ 122.40	.034	3318.30	\$	4.19
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

LEV B-REGULAR	9	244		29,864.72		122.40	.034		3318.30		4.19
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	873	\$	30,959.30	\$	35.46	.123	\$	2381.48	\$	4.35
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	13	873		30,959.30		35.46	.123		2381.48		4.35
@REHABILITATION FACILITY	2	22	\$	452.21	\$	20.56	.003	\$	226.11	\$.06
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	2	22		452.21		20.56	.003		226.11		.06
@LABORATORY FACILITY	512	1,681	\$	27,691.48	\$	16.47	.236	\$	54.08	\$	3.89
PATHOLOGY	512	1,680		27,674.18		16.47	.236		54.05		3.88
XO AND OTHERS	1	1		17.30		17.30	.000		17.30		.00
@ORGANIZED OUTPATIENT CLINIC	946	2,277	\$	202,659.52	\$	89.00	.320	\$	214.23	\$	28.44
CLINIC	49	301		7,346.37		24.41	.042		149.93		1.03
SURGICENTER	3	3		96.47		32.16	.000		32.16		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	895	1,973		195,216.68		98.94	.277		218.12		27.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITU	JRES N	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 7,612
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						AVENAC	
7,125 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	181	1,192 \$	27,848.56	\$ 23.36	.167	\$ 153.86	\$ 3.91
DURABLE MED. EQUIP.	7	16	1,211.22	75.70	.002	173.03	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	55	1,036	13,308.97	12.85	.145	241.98	1.87
AMBULANCES/AIR TRANS	55	1,034	9,708.97	9.39	.145	176.53	1.36
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	99	99	10,290.00	103.94	.014	103.94	1.44
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	37	2,157.37	58.31	.005	113.55	.30
PROSTHETICS	8	24	1,011.78	42.16	.003	126.47	.14
ORTHOTICS	13	13	1,145.59	88.12	.002	88.12	.16
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	881.00	220.25	.001	440.50	.12
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	71	974 \$	475,850.34	\$ 488.55	.137	\$ 6702.12	\$ 66.79
@XOVER EXCLUDING STATE HOSP**	9	31 \$	2,848.77	\$ 91.90	.004	\$ 316.53	\$.40
* TOTAL IN THECE I THE ADE CIV	מעמים ע טע זעים	A MET TATE ODMANTON THEM O	NTT 37 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY	SUMMARY OF SERVICE	S FOR REFUGEES	AID (CODES 01 02 08			~
0.4					MON		
04 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		R DAYS OF CARE			PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4	16 \$	313.33	\$ 19.58	4.000 \$	78.33	\$ 78.33
@PHYSICIANS SERVICES	1	1 \$	88.81	\$ 88.81	.250 \$	88.81	\$ 22.20
OUTPATIENT VISITS	1	1	88.81	88.81	.250	88.81	22.20
OFFICE VISITS	1	1	88.81	88.81	.250	88.81	22.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
EMERGENCY ROOM	0	0			.000		
PREVENTIVE CARE	0	U	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	U	U	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0					
DIALYSIS	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	2 \$	14.13	\$ 7.07	.500 \$		
PRESCRIPTION DRUGS	2	2	14.13	7.07	.500	7.07	3.53
SNF/ICF	0	0	.00	.00	.000	.00	.00
	0	2	14.13			7.07	
OUTPATIENTS	2			7.07	.500		3.53
MEDICAL SUPPLIES	U	0	.00	.00	.000	.00	.00
@DENTIST	Ţ	6 \$	74.00	\$ 12.33	1.500 \$		•
VISITS - DIAGNOSTIC	1	6	74.00	12.33	1.500	74.00	18.50
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
PROSTHETICS		0		.00	.000		.00
DENTURES, STAYPLATES	0	Ü	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON					PAGE 7,614
MOP024	FEE-FOR-SERVICE/DE				JUS TIMES DE	2 2003	01/29/04
			710 /	20DEC 01 02 00	0.70		01/45/04
MERCED COUNTY	SUMMARY OF SERVICE	O FUR KEFUGEES	AID (CODES 01 02 08		miii 37 - 33700 37	FF
04 51 73751 53	116776	THE OF CERTIFICE		ALTED A CD COCT	MON		
04 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	O.	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	1
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.

									4.		4.	
FAMILY NURSE PRACTITIONER	0		0	\$.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	Ş	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	U		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	ENDITURE	ES M	IONTH-OF-PAYMENT I	REPOR	T FOR JAN 2	2003 THRU I	DEC	2003	PI	AGE 7,615
MOP024	FEE-FOR-SERVICE/	DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVI	CES FOR	REFUGEES	S	AID	CODE	S 01 02 08	0A				
								MC			-	
04 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST		5 (COST PER		COST PER
		OR DAYS					R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00

					11011		011
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000	-	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	Ō	0	-	.00		.00	.000	т	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	4	\$	27.42	\$	6.86	1.000	\$	27.42	\$	6.86
PATHOLOGY	1	4	•	27.42		6.86	1.000		27.42	-	6.86
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	92.33	\$	92.33	.250	\$	92.33	\$	23.08
CLINIC	0	0	•	.00		.00	.000		.00	-	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		92.33		92.33	.250		92.33		23.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES M	MONTH-OF-PAYMENT	REPOR:	T FOR JAN	2003 THRU	DEC	2003	\mathbf{P}^{I}	AGE 7,616
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
MERCED COUNTY	SUMMARY OF SERVI	CES FOR REFUGE	ΞS	AID	CODE	S 01 02 08	0 A				
							N	IONT:	HLY AVERA	GE	
04 ELIGIBLES	USERS I	UNITS OF SERVIC	£	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	ZS (COST PER	(COST PER
		OR DAYS OF CAR	£		PEI	R UNIT/DAY	PER ELIC	3	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	16.64	\$	8.32	.500	\$	16.64	\$	4.16

					MON	THLY AVERAG	E
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	16.64	\$ 8.32	.500 \$	16.64	\$ 4.16
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.500	16.64	4.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,617 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

MERCED COUNTY	SUMMARY OF SERV	VICES FOR BCCIP-FEDERAL	A.	ID CODES ON ON			
					MON		
220 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	LIGIBLE
@TOTAL, ALL PROVIDERS	244	5,023 \$	332,212.66	\$ 66.14	22.832 \$	1361.53	\$ 1510.06
@PHYSICIANS SERVICES	132	3,522 \$	181,370.82	\$ 51.50	16.009 \$	1374.02	\$ 824.41
OUTPATIENT VISITS	78	168	4,291.26	25.54	.764	55.02	19.51
OFFICE VISITS	63	146	3,567.56	24.44	.664	56.63	16.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	342.38	57.06	.027	68.48	1.56
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	16	381.32	23.83	.073	25.42	1.73
INPATIENT VISITS	10	124	5,265.21	42.46	.564	526.52	23.93
HOSPITAL VISITS	10	120	4,841.51	40.35	.545	484.15	22.01
CRITICAL CARE	2	4	423.70	105.93	.018	211.85	1.93
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	8	34					.00
INPATIENT HOSPITAL SURGERY	8		1,099.61	32.34	.155	137.45	5.00
PRINCIPAL SURGEON	4	5	565.15	113.03	.023	141.29	2.57
ASSISTANT SURGEON	2	2	113.74	56.87	.009	56.87	.52
ANESTHESIOLOGIST	2	27	420.72	15.58	.123	210.36	1.91
OUTPATIENT SURGERY	38	109	5,909.73	54.22	.495	155.52	26.86
PRINCIPAL SURGEON	36	68	5,038.42	74.09	.309	139.96	22.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	./	41	871.31	21.25	.186	124.47	3.96
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	49	171	2,648.71	15.49	.777	54.06	12.04
RADIOLOGY	68	239	17,914.71	74.96	1.086	263.45	81.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	37	2,369	136,559.11	57.64	10.768	3690.79	620.72
OTHER SERVICES/ALL X-OVERS	44	308	7,682.48	24.94	1.400	174.60	34.92
@PHARMACY	111	268 \$	14,450.22	\$ 53.92	1.218 \$	130.18	\$ 65.68
PRESCRIPTION DRUGS	111	268	14,450.22	53.92	1.218	130.18	65.68
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	111	268	14,450.22	53.92	1.218	130.18	65.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	12	56 \$	2,555.00	\$ 45.63	.255 \$	212.92	\$ 11.61
VISITS - DIAGNOSTIC	10	44	410.00	9.32	.200	41.00	1.86
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	310.00	103.33	.014	103.33	1.41
ENDODONTICS	1	1	260.00	260.00	.005	260.00	1.18
RESTORATIVE DENTISTRY	5	8	1,575.00	196.88	.036	315.00	7.16
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	•	ŭ	.00				

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 0 0 .00 .00 .00 FRACTURES, DISLOCATIONS .000 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 0 .00 ALL OTHER SERVICES .00 .000 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

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PAGE 7,618 01/29/04

MERCED COUNTY	SUMMARY OF SERVIC	JES FOR	BCCIP-F	EDERAL	A	בט כו	ODES OM ON				aп	
220 FLIGTPLES	Hanna	TRITTED OF	CEDITECE			7.57		M				
220 ELIGIBLES	USERS (UNITS OF			EXPENDITURES		ERAGE COST					COST PER
	0	OR DAYS	OF CARE	_	104.60		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2		5	\$	124.60	\$	24.92	.023	Ş	62.30	Ş	.57
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.005		47.45		.22
EYE APPLIANCES	1		3		42.85		14.28	.014		42.85		.19
OTHER OPTOMETRIC SERVICES	1		1		34.30		34.30	.005		34.30		.16
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4		42	\$	2,975.20	\$	70.84	.191	\$	743.80	\$	13.52
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	S	.00	\$.00	.000	Ś	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		Ō	\$ \$		\$.00	.000	Š	.00		.00
FAMILY NURSE PRACTITIONER	0		Ö	Š		\$.00	.000	Š	.00		.00
@TOTAL HOSPITAL	87		746	Š	116,457.88		156.11	3 391	Š	1338.60		529.35
HOSP INPATIENT TOTAL	11		73	Υ	82,794.00	Υ	1134.16	.332	٧	7526.73	٧	376.34
HSC HOSPITALS	11		73		82,794.00		1134.16	.332		7526.73		376.34
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0				.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0 0 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
	0		0		.00							
INPATIENT CROSSOVERS	0				.00		.00	.000		.00		.00
ALL OTHER INPATIENT	82		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL			673		33,663.88		50.02	3.059		410.54		153.02
MEDICAL	24		35		1,431.03		40.89	.159		59.63		6.50
SURGERY	8		8		700.23		87.53	.036		87.53		3.18
PATHOLOGY	21		92		729.95		7.93	.418		34.76		3.32
RADIOLOGY	46		427		28,035.54		65.66	1.941		609.47		127.43
ROOM USE	28		40		1,855.28		46.38	.182		66.26		8.43
CROSSOVERS/ALL OTH OUTPTNT	15		71		911.85	4.	12.84	.323	4.	60.79	4.	4.14
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY	0		0		.00)	.00	.000	.00		.00
ROOM USE	0		0		.00)	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	PENDITURES	MONTI	H-OF-PAYMENT	REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE	7,619
MOP024	FEE-FOR-SERVICE	/DENTAL								01/	29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-FED	ERAL		AID CO	DDES OM ON	0P			
								MON	THLY AVERA	GE	
220 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	S AVI	ERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG	USER	ELIGI	BLE
@COMMUNITY HOSPITAL TOTAL	87		746 \$		116,457.88	3 \$	156.11	3.391 \$	1338.60	\$ 529	.35
COMM HOSP INPATIENT TOTAL	11		73		82,794.00)	1134.16	.332	7526.73	376	.34
HSC HOSPITALS	11		73		82,794.00)	1134.16	.332	7526.73	376	.34
NON-HSC HOSPITALS TOTAL	0		0		.00)	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00)	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00)	.00	.000	.00		.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	_										.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	82	673		33,663.88		50.02	3.059		410.54		153.02
MEDICAL	24	35		1,431.03		40.89	.159		59.63		6.50
SURGERY	8	8		700.23		87.53	.036		87.53		3.18
PATHOLOGY	21	92		729.95		7.93	.418		34.76		3.32
	46										
RADIOLOGY		427		28,035.54		65.66	1.941		609.47		127.43
ROOM USE	28	40		1,855.28		46.38	.182		66.26		8.43
CROSSOVERS/ALL OTH OUTPTNT	15	71		911.85		12.84	.323		60.79		4.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	•	.00	'	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0	Ö		.00		.00	.000		.00		.00
	0		4		4			4		4	
@NURSING FACILITY	U	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	Ŏ		.00		.00	.000		.00		.00
	0										
LEV B-REGULAR	U	0	4.	.00	4.	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	Ö	\$.00	ċ.	.00		\$.00	Ś	.00
	0		Ą		Ą			Ą		Ą	
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	69	218	\$	3,126.91	\$	14.34	.991	Ġ	45.32	Ġ	14.21
	69	218	Ą		Ą	14.34		Ą	45.32	Ą	
PATHOLOGY				3,126.91			.991				14.21
XO AND OTHERS	0	0	_	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	51	87	\$	6,975.12	\$	80.17	.395	\$	136.77	\$	31.71
CLINIC	2	11		45.31		4.12	.050		22.66		.21
SURGICENTER	8	8		366.78		45.85	.036		45.85		1.67
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	44	68		6,563.03		96.52	.309		149.16		29.83
			O MONTE					D		ъ.	
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	ES MONT	H-OF-PAYMENT RI	EPORT.	FOR JAN A	2003 THRU .	DEC	2003	PI	AGE 7,620
MOP024	FEE-FOR-SERVICE/										01/29/04
MERCED COUNTY	SUMMARY OF SERVI	CES FOR BCCTP-FI	EDERAL	A.	ID CO	DES OM ON	0P				
							M	ONT	HLY AVERA	GE -	
220 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	(COST PER
	0.0	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
SALI OTHER PROMINERS	14	79	\$	4,176.91	\$	52.87	.359		298.35		18.99
@ALL OTHER PROVIDERS			Ą		Ą			Ş		Ş	
DURABLE MED. EQUIP.	3	13		546.27		42.02	.059		182.09		2.48
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	30		617.08		20.57	.136		102.85		2.80
AMBULANCES/AIR TRANS	6	30		617.08		20.57	.136		102.85		2.80
OTHER TRANS	0	0		.00		.00	.000		.00		.00
	0										
OTHER SERVICES	•	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	Ö		.00		.00	.000		.00		.00
	~										
OPTICIAN	4	11		147.99		13.45	.050		37.00		.67
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	249.99	83.33	.014	249.99	1.14
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	3	249.99	83.33	.014	249.99	1.14
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	22	2,615.58	118.89	.100	1307.79	11.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,621
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY ALD CODES OR OT OU OV

MERCED COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-S	TATE-ON	ILY AID	CODES	OR OT OU				
								MC			
58 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS		PER	COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		SER	ELIGIBLE
@TOTAL, ALL PROVIDERS	43		337	\$	5,392.58	\$	16.00	5.810		5.41	92.98
@PHYSICIANS SERVICES	16		50	\$	562.08	\$	11.24	.862	\$	5.13	\$ 9.69
OUTPATIENT VISITS	8		10		233.48		23.35	.172	2	9.19	4.03
OFFICE VISITS	8		9		219.00		24.33	.155	2	7.38	3.78
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	1		1		14.48		14.48	.017	-	4.48	.25
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	1		2		11.73		5.87	.034		1.73	.20
RADIOLOGY	6		27		143.41		5.31	.466	2	3.90	2.47
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	1		10		168.96		16.90	.172	16	8.96	2.91
OTHER SERVICES/ALL X-OVERS	1		1		4.50		4.50	.017		4.50	.08
@PHARMACY	15		242	\$	2,758.91	\$	11.40	4.172	\$ 18	3.93	\$ 47.57
PRESCRIPTION DRUGS	15		42		2,688.67		64.02	.724	17	9.24	46.36
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	15		42		2,688.67		64.02	.724		9.24	46.36
MEDICAL SUPPLIES	2		200		70.24		.35	3.448		5.12	1.21
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 7,622
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-STATE-O	NLY AID CODES	OR OT OU	0V		
					MONT	HLY AVERAC	E

									HLY AVERA		
58 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
	-	OR DAYS OF CARE		2.2		R UNIT/DAY	_		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	16	\$	334.54	\$	20.91	.276	\$	41.82	\$	5.77
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	16		334.54		20.91	.276		41.82		5.77
MEDICAL	3	3		65.10		21.70	.052		21.70		1.12
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	3		33.32		11.11	.052		16.66		.57
RADIOLOGY	2	2		46.78		23.39	.034		23.39		.81
ROOM USE	1	_ 1		31.93		31.93	.017		31.93		.55
CROSSOVERS/ALL OTH OUTPTNT	2	7		157.41		22.49	.121		78.71		2.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	ñ	0	т	.00	**	.00	.000	-r	.00	Ψ.	.00
HSC HOSPITALS	n	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	n	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 2	003 THRU DE	C 2003	PAGE 7,623
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-STAT	E-ONLY AID COI	DES OR OT OU	V0		
					MON	THLY AVERAG	E
58 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES A	AVERAGE COST T	UNITS/DAYS	COST PER	COST PER
	^	D DAVC OF CADE	т	עול לידדווו סים	DED ELIC	TICED	ET TOTELE

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			UNITS/DAY		OST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	16	\$	334.54	\$	20.91	.276			\$	5.77
COMM HOSP INPATIENT TOTAL	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8	16		334.54		20.91	.276		41.82		5.77
MEDICAL	3	3		65.10		21.70	.052		21.70		1.12
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	3		33.32		11.11	.052		16.66		.57
RADIOLOGY	2	2		46.78		23.39	.034		23.39		.81
ROOM USE	1	1		31.93		31.93	.017		31.93		.55
CROSSOVERS/ALL OTH OUTPTNT	2	7		157.41		22.49	.121		78.71		2.71
@STATE HOSPITAL	0	Ó	\$.00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	0	Υ	.00	Ψ.	.00	.000	т	.00	Υ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0	0	т	.00	т.	.00	.000	т	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	7	\$	85.35	\$	12.19	.121	\$	14.23	\$	1.47
PATHOLOGY	6	7		85.35		12.19	.121		14.23		1.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC	13 2 2 0	19 \$ 7 2 0	1,340.02 317.59 95.02 .00	45.37	.328 \$.121 .034 .000	103.08 158.80 47.51	\$ 23.10 5.48 1.64 .00
RURAL HEALTH CLINIC	9	10	927.41	92.74	.172	103.05	15.99
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DEC	2003	PAGE 7,624 01/29/04
MERCED COUNTY	SUMMARY OF SERVICES F	OR BCCTP-STAT	E-ONLY AID	CODES OR OT OU			
					MONT	HLY AVERAG	E
58 ELIGIBLES	USERS UNITS	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR I	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	3 \$	311.68	\$ 103.89	.052 \$	311.68	\$ 5.37
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

OTHER TRANS OTHER SERVICES O OTHOR SERVI	AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER TRANS	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER SERVICES	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP O O OCCUPATIONAL THERAPIST O O OPTICIAN O OPTICIAN O O OPTICIAN O O OPTICIAN O O O O O O O O O O O O O O O O O O O	ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
OPTICIAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 1 3 311.68 103.89 .052 311.68 5.37 PROSTHETICS 1 3 311.68 103.89 .052 311.68 5.37 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00<	OPTICIAN	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 1 3 311.68 103.89 .052 311.68 5.37 PROSTHETICS 1 3 311.68 103.89 .052 311.68 5.37 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00 <td>PHYSICAL THERAPIST</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS 1 3 311.68 103.89 .052 311.68 5.37 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PROSTHETIST/ORTHOTISTS	1	3	311.68	103.89	.052	311.68	5.37
PSYCHOLOGIST 0 0 .0	PROSTHETICS	1	3	311.68	103.89	.052	311.68	5.37
SPEECH AND AUDIOLOGY 0 0 .00 <td>ORTHOTICS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP** 1 4 \$ 107.00 \$ 26.75 .069 \$ 107.00 \$ 1.84	@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
	@XOVER EXCLUDING STATE HOSP**	1	4	\$ 107.00	\$ 26.7	.069	\$ 107.00	\$ 1.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,625
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

MERCED COUNTY	DOMMART OF DER	VICES FOR DCCIF TOTAL					
						ITHLY AVERA	-
278 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	287	5,360 \$	337,605.24	\$ 62.99	19.281 \$		
@PHYSICIANS SERVICES	148	3,572 \$	181,932.90	\$ 50.93	12.849		
OUTPATIENT VISITS	86	178	4,524.74	25.42	.640	52.61	16.28
OFFICE VISITS	71	155	3,786.56	24.43	.558	53.33	13.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	342.38	57.06	.022	68.48	1.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	17	395.80	23.28	.061	24.74	1.42
INPATIENT VISITS	10	124	5,265.21	42.46	.446	526.52	18.94
HOSPITAL VISITS	10	120	4,841.51	40.35	.432	484.15	17.42
CRITICAL CARE	2	4	423.70	105.93	.014	211.85	1.52
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	34	1,099.61	32.34	.122	137.45	3.96
PRINCIPAL SURGEON	4	5	565.15	113.03	.018	141.29	2.03
ASSISTANT SURGEON	2	2	113.74	56.87	.007	56.87	.41
ANESTHESIOLOGIST	2	27	420.72	15.58	.097	210.36	1.51
OUTPATIENT SURGERY	38	109	5,909.73	54.22	.392	155.52	21.26
PRINCIPAL SURGEON	36	68	5,038.42	74.09	.245	139.96	18.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	41	871.31	21.25	.147	124.47	3.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	50	173	2,660.44	15.38	.622	53.21	9.57

RADIOLOGY	74	266		18,058.12		67.89	.957		244.03		64.96
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	38	2,379		136,728.07		57.47	8.558		3598.11		491.83
OTHER SERVICES/ALL X-OVERS	45	309		7,686.98		24.88	1.112		170.82		27.65
@PHARMACY	126	510	\$	17,209.13	Ś	33.74	1.835	Ś	136.58	Ś	61.90
PRESCRIPTION DRUGS	126	310	Υ	17,138.89	Ψ.	55.29	1.115	Τ.	136.02	Υ	61.65
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	126	310		17,138.89		55.29	1.115		136.02		61.65
MEDICAL SUPPLIES	2	200		70.24		.35	.719		35.12		. 25
@DENTIST	12	56	\$	2,555.00	Ś	45.63		\$	212.92	Ś	9.19
VISITS - DIAGNOSTIC	10	44	-7	410.00	-	9.32	.158	т	41.00	т.	1.47
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	3		310.00		103.33	.011		103.33		1.12
ENDODONTICS	1	1		260.00		260.00	.004		260.00		.94
RESTORATIVE DENTISTRY	5	8		1,575.00		196.88	.029		315.00		5.67
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	Ō		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU 1	DEC	2003	PI	AGE 7,626
MOP024	FEE-FOR-SERVICE/DENTAL		-								01/29/04
MEDGED GOINIEU	CINDIADII OF CEDILICES FO			_							

MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

MERCED COUNTY	SUMMARY OF SERVICES	FOR BUCIP-1	UIAL				 	~-	
					 		'HLY AVERA	GE	
278 ELIGIBLES		S OF SERVICE		EXPENDITURES		UNITS/DAY	 COST PER		COST PER
	OR 1	DAYS OF CARE			UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	2	5	\$	124.60	\$ 24.92	.018	\$ 62.30	\$.45
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.004	47.45		.17
EYE APPLIANCES	1	3		42.85	14.28	.011	42.85		.15
OTHER OPTOMETRIC SERVICES	1	1		34.30	34.30	.004	34.30		.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	4	42	\$	2,975.20	\$ 70.84	.151	\$ 743.80	\$	10.70
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	9	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	95	762	\$	116,792.42	\$ 153.27	2.741	\$ 1229.39	\$	420.12
HOSP INPATIENT TOTAL	11	73		82,794.00	1134.16	.263	7526.73		297.82
HSC HOSPITALS	11	73		82,794.00	1134.16	.263	7526.73		297.82
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	90	689		33,998.42	49.34	2.478	377.76		122.30
MEDICAL	27	38		1,496.13	39.37	.137	55.41		5.38

PATHOLOGY 23 95 763.27 8.03 .342 33.19	2.75
1111100001 25 75 705.27 0.05 .512 55.17	
RADIOLOGY 48 429 28,082.32 65.46 1.543 585.05 1	1.02
ROOM USE 29 41 1,887.21 46.03 .147 65.08	6.79
CROSSOVERS/ALL OTH OUTPINT 17 78 1,069.26 13.71 .281 62.90	3.85
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00	.00
MEDICAL 0 0 .00 .00 .00 .00	.00
SURGERY 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
ROOM USE 0 0 .00 .00 .00 .00	.00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE	7,627
	./29/04
MERCED COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL	
MONTHLY AVERAGE	

278 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER	CL	COST PER
	0.5	OR DAYS OF CARE	_	116 700 40			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	762	\$	116,792.42	•	3.27	2.741	Ş	1229.39	\$	420.12
COMM HOSP INPATIENT TOTAL	11	73		82,794.00		34.16	. 263		7526.73		297.82
HSC HOSPITALS	11	73		82,794.00	113	34.16	. 263		7526.73		297.82
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	90	689		33,998.42		19.34	2.478		377.76		122.30
MEDICAL	27	38		1,496.13	3	39.37	.137		55.41		5.38
SURGERY	8	8		700.23	8	37.53	.029		87.53		2.52
PATHOLOGY	23	95		763.27		8.03	.342		33.19		2.75
RADIOLOGY	48	429		28,082.32	6	55.46	1.543		585.05		101.02
ROOM USE	29	41		1,887.21	4	16.03	.147		65.08		6.79
CROSSOVERS/ALL OTH OUTPINT	17	78		1,069.26	1	.3.71	.281		62.90		3.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Ō	0	\$.00	Ś	.00	.000	Ġ	.00	\$.00
ICF DDH	Ō	0	т	.00	т	.00	.000	-T	.00	т	.00
ICF DD	Õ	0		.00		.00	.000		.00		.00
	•	· ·									0

ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00)	.00	.000		.00		.00
@LABORATORY FACILITY	75	225 \$	3,212.26	\$	14.28	.809	\$ 42	.83	\$	11.55
PATHOLOGY	75	225	3,212.26	;	14.28	.809	42	.83		11.55
XO AND OTHERS	0	0	.00	1	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	64	106 \$	8,315.14	: \$	78.44	.381	\$ 129	.92	\$	29.91
CLINIC	4	18	362.90)	20.16	.065	90	1.73		1.31
SURGICENTER	10	10	461.80	1	46.18	.036	46	.18		1.66
HEROIN DETOX CLINIC	0	0	.00	1	.00	.000		.00		.00
RURAL HEALTH CLINIC	53	78	7,490.44	:	96.03	.281	141	33		26.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	}	PA	GE 7,628
MOP024	FEE-FOR-SERVICE/DENTA	$^{ m AL}$								01/29/04
MERCED COUNTY	SUMMARY OF SERVICES I	FOR BCCTP-TOT	'AL							
						N	MONTHLY A	VERA	GE -	

						IIIDI AVERAC	
278 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	82 \$	4,488.59	\$ 54.74	.295 \$		
DURABLE MED. EQUIP.	3	13	546.27	42.02	.047	182.09	1.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	30	617.08	20.57	.108	102.85	2.22
AMBULANCES/AIR TRANS	6	30	617.08	20.57	.108	102.85	2.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	11	147.99	13.45	.040	37.00	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	6	561.67	93.61	.022	280.84	2.02
PROSTHETICS	1	3	311.68	103.89	.011	311.68	1.12
ORTHOTICS	1	3	249.99	83.33	.011	249.99	.90
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	22	2,615.58	118.89	.079	1307.79	9.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	4 \$	107.00	\$ 26.75	.014 \$	107.00	\$.38
®* TOTALC IN THECE LINES ARE CIVEN	1 7 7 7 CED 7 D	ATE THEODMATION TTEM ONLY	7 •		•		-

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,629
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

335 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	42	148	\$ 5,165.72	\$ 34.90	.442	\$ 122.99	\$ 15.42
@PHYSICIANS SERVICES	25	82	\$ 2,125.62	\$ 25.92	.245	\$ 85.02	\$ 6.35
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000	. (0	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		0	.00
ASSISTANT SURGEON	0	0	.00		.00	.000		0	.00
	0	0							
ANESTHESIOLOGIST	0	0	.00		.00	.000		0	.00
OUTPATIENT SURGERY	Ü	Ü	.00		.00	.000		0	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		0	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	. (0	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	. (0	.00
DIALYSIS	0	0	.00		.00	.000	. (0	.00
PATHOLOGY	0	0	.00		.00	.000		0	.00
RADIOLOGY	0	0	.00		.00	.000		0	.00
PSYCHIATRY	0	0	.00		.00	.000		0	.00
	0	•				.000			
IMMUNIZATION AND INJECTION	U	0	.00		.00			0	.00
OTHER SERVICES/ALL X-OVERS	25	82	2,125.62		25.92	. 245	85.0		6.35
@PHARMACY	4	15 \$	99.50	\$	6.63		\$ 24.8		.30
PRESCRIPTION DRUGS	0	0	.00		.00	.000	. (0	.00
SNF/ICF	0	0	.00		.00	.000	. (0	.00
OUTPATIENTS	0	0	.00		.00	.000	. (0	.00
MEDICAL SUPPLIES	4	15	99.50		6.63	.045	24.8		.30
@DENTIST	1	2 \$.00	Ś	.00			0 \$.00
VISITS - DIAGNOSTIC	0	0	.00	Y	.00	.000	•	0	.00
	0	0							
ORAL SURGERY	1	2	.00		.00	.006		0	.00
DRUGS	0	0	.00		.00	.000		0	.00
ANESTHESIA	0	0	.00		.00	.000		0	.00
PERIODONTICS	0	0	.00		.00	.000	. (0	.00
ENDODONTICS	0	0	.00		.00	.000	. (0	.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	. (0	.00
PROSTHETICS	0	0	.00		.00	.000	. (0	.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		0	.00
SPACE MAINTAINERS	0	0	.00		.00	.000		0	.00
	0	0	.00		.00	.000		10	.00
MAXILLOFACIAL SERVICES	0	0							
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		0	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		0	.00
ALL OTHER SERVICES	0	0	.00		.00	.000		0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT R	REPORT	'FOR JAN	2003 THRU I	DEC 2003	I	PAGE 7,630
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR QMB - ONLY			AID CODE	80			
		~				MC	ONTHLY AVI	RAGE	
335 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΔVF	RAGE COST	UNITS/DAYS			COST PER
333 111012110	OBERB	OR DAYS OF CARE				PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1	_	9.08	\$	4.54	.006		8 \$.03
	1	•		Ą					
DIAGNOSTIC AND ANC. PROCED	U	0	.00		.00	.000	. (.00
EYE APPLIANCES	0	0	.00		.00	.000	. (.00
OTHER OPTOMETRIC SERVICES	1	2	9.08		4.54	.006	9.0		.03
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.0	0 \$.00
VISITS	0	0	.00		.00	.000	. (0	.00
OTHER SERVICES	0	0	.00		.00	.000	. (0	.00
@PODIATRIST	5	5 \$	39.83	\$	7.97	.015	\$ 7.9	7 \$.12
MEDICINE/INJECTIONS	0	0	.00	т.	.00	.000	. (.00
SURGERY/ANES.	0	0	.00		.00	.000	. (.00
	0	0							
RADIO./PATHOLOGY	Ū		.00		.00	.000	(.00
OTHER	5	5	39.83	1.	7.97	.015	7.9		.12
@HOME HEALTH AGENCY	0	0 \$.00	Ş	.00	.000	\$.0		.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000		0 \$.00
NURSE MIDWIFE	0	0 \$ 0 \$ 0 \$.00	\$.00	.000	\$.0	0 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.0	0 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	Ė	.00	.000		0 \$.00
@TOTAL HOSPITAL	8	33 \$	2,807.74	\$	85.08	.099	\$ 350.9		8.38
HOSP INPATIENT TOTAL	4	19	2,686.23	٧	141.38	.057	671.		8.02
HSC HOSPITALS	0	0	.00		.00	.000		10	.00
USC UOSELIADS	U	U	.00		.00	.000	. (Ü	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ô	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0					.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	19	2,686.23	141.38	.057	671.56	8.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	14	121.51	8.68	.042	30.38	.36
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	14	121.51	8.68	.042	30.38	.36
	4						
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	•	•
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	_	_					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0 0	0 0	.00	.00	.000	.00	.00
	0 0 0	0 0 0	.00				.00
ROOM USE			.00 .00 .00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		0 CS AND EXPENDITURES MON	.00 .00 .00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CS AND EXPENDITURES MON	.00 .00 .00	.00	.000 .000 2003 THRU D	.00	.00 .00 PAGE 7,631
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 S AND EXPENDITURES MON' DENTAL	.00 .00 .00	.00 .00 PORT FOR JAN :	.000 .000 2003 THRU D	.00 .00 DEC 2003	.00 .00 PAGE 7,631 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	0 S AND EXPENDITURES MON' DENTAL CES FOR QMB - ONLY	.00 .00 .00 TH-OF-PAYMENT RE	.00 .00 PORT FOR JAN :	.000 .000 2003 THRU D 80	.00 .00 DEC 2003	.00 .00 PAGE 7,631 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 S AND EXPENDITURES MON' DENTAL CES FOR QMB - ONLY UNITS OF SERVICE	.00 .00 .00	.00 .00 PORT FOR JAN : AID CODE AVERAGE COST	.000 .000 2003 THRU D 80 MO UNITS/DAYS	.00 .00 DEC 2003 ONTHLY AVERA	.00 .00 PAGE 7,631 01/29/04 GE COST PER
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 335 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	0 S AND EXPENDITURES MON' DENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 TH-OF-PAYMENT RE	.00 .00 PORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY	.000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG	.00 .00 DEC 2003 ONTHLY AVERA COST PER USER	.00 .00 PAGE 7,631 01/29/04 GE COST PER ELIGIBLE
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 335 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 8 4	0 SS AND EXPENDITURES MON' DENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 33 \$ 19	.00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES 2,807.74 2,686.23	.00 .00 PORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ 85.08 141.38	.000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .099 .057	.00 .00 DEC 2003 ONTHLY AVERA C COST PER USER \$ 350.97 671.56	.00 .00 PAGE 7,631 01/29/04 GE COST PER ELIGIBLE \$ 8.38 8.02
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 335 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 8 4 0 0 0 0 0 0 4 0 4 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MON'/DENTAL CEES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 33 \$ 19 0 0 0 0 19 0 14 0 0 0 0 0 0	.00 .00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES 2,807.74 2,686.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 85.08 141.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .099 .057 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 DEC 2003 DISTRANCE STREET	.00 .00 .00 PAGE 7,631 01/29/04 GE COST PER ELIGIBLE \$ 8.38 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 335 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 8 4 0 0 0 0 0 0 4 0 4 0 0 4	O CES AND EXPENDITURES MON'/DENTAL CEES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 33 \$ 19 0 0 0 0 19 0 14 0 0 0 0 0 0 0 19 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES 2,807.74 2,686.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 85.08 141.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .099 .057 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 350.97 671.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 PAGE 7,631 01/29/04 GE COST PER ELIGIBLE \$ 8.38 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 335 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 8 4 0 0 0 0 0 0 4 0 4 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MON' / DENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 33 \$ 19 0 0 0 0 0 0 19 0 14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES 2,807.74 2,686.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 85.08 141.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .099 .057 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 350.97 671.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PAGE 7,631 01/29/04 GE COST PER ELIGIBLE \$ 8.38 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 335 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 8 4 0 0 0 0 0 0 4 0 4 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MON'/DENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 33 \$ 19 0 0 0 0 19 0 14 0 0 0 14	.00 .00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES 2,807.74 2,686.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 85.08 141.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .099 .057 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 350.97 671.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PAGE 7,631 01/29/04 GE COST PER ELIGIBLE \$ 8.38 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 335 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 8 4 0 0 0 0 0 0 4 0 4 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MON' / DENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 33 \$ 19 0 0 0 0 0 0 19 0 14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES 2,807.74 2,686.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 85.08 141.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .099 .057 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 350.97 671.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PAGE 7,631 01/29/04 GE COST PER ELIGIBLE \$ 8.38 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 335 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 8 4 0 0 0 0 0 0 4 0 4 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MON'/DENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 33 \$ 19 0 0 0 0 19 0 14 0 0 0 14	.00 .00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES 2,807.74 2,686.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 85.08 141.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .099 .057 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 350.97 671.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PAGE 7,631 01/29/04 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 335 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 8 4 0 0 0 0 0 0 4 0 4 0 0 0 4 0 0 0 4 0 0 0 4 0	O CES AND EXPENDITURES MON'/DENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 33 \$ 19 0 0 0 0 19 0 14 0 0 0 14 0 0 14 0 5	.00 .00 .00 .00 TH-OF-PAYMENT RE EXPENDITURES 2,807.74 2,686.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PORT FOR JAN : AID CODE AVERAGE COST PER UNIT/DAY \$ 85.08 141.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2003 THRU D 80 MO UNITS/DAYS PER ELIG .099 .057 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 PAGE 7,631 01/29/04 GE COST PER ELIGIBLE \$ 8.38 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00

@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	Ġ	.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	.00	.000	.00	٧	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	·	.00	.00	.000	.00	•	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	1CR	\$	48.23CR	\$ 48.23	.003CR\$.00	\$.14CR
HOSPITAL BASED	0	0	•	.00	.00	.000	.00	-	.00
HEMODIALYSIS CENTER	0	1CR		48.23CR	48.23	.003CR	.00		.14CR
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$		\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT REI	PORT FOR JAN	2003 THRU DE	C 2003	PAG	
MOP024	FEE-FOR-SERVICE/I							,	01/29/04
MERCED COUNTY	SUMMARY OF SERVIO	CES FOR QMB - C	NLY		AID COD				
						MON		_	
335 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES		T UNITS/DAYS	COST PER		ST PER
	_	OR DAYS OF CARE			PER UNIT/DA		USER		IGIBLE
@ALL OTHER PROVIDERS	5	10	\$	132.18	\$ 13.22	.030 \$		\$.39
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		.00

335 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	-	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	10 \$	132.18	\$ 13.22	.030 \$	26.44 \$.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	40.60	.00	.000	.00	.12
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	10	91.58	9.16	.030	18.32	. 27
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 41 127 \$ 5,125.12 \$ 40.36 .379 \$ 125.00 \$ 15.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,633 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

HERGED COUNTY | SIDMARY OF SERVICES FOR 1338 FERGRAM | AID CODES 72.74 BN 8F | MONTHLY AVERAGE | COST | Feet | Color | Col SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

----- MONTHLY AVERAGE -----MERCED COUNTY 11,285 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,634
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

MERCED COUNTY	SUMMARY OF SER	VICES FOR	133% PK	JGRAM	AID (てのひぼり	/2 /4 ON	OP				
								M	ONT	HLY AVERA	.GE	
11,285 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	25		55	\$	1,552.08	\$	28.22	.005	\$	62.08	\$.14
DIAGNOSTIC AND ANC. PROCED	16		16		735.48		45.97	.001		45.97		.07
EYE APPLIANCES	12		34		481.50		14.16	.003		40.13		.04
OTHER OPTOMETRIC SERVICES	5		5		335.10		67.02	.000		67.02		.03
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	6 \$	}	404.43	\$	67.41	.001	\$	134.81	\$.04
NURSE ANESTHESIST	0	0 s	;	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	2	2 \$		38.94	\$	19.47	.000	\$	19.47	\$.00
@TOTAL HOSPITAL	515	1,500 \$,	110,778.92	Ģ	73.85	.133	Ģ	215.10	\$	9.82
	18		,	72,773.09	Ą	1582.02	.004	Ą	4042.95	Ą	6.45
HOSP INPATIENT TOTAL	11	46 33									
HSC HOSPITALS	7			55,596.00		1684.73	.003		5054.18		4.93
NON-HSC HOSPITAL TOTAL	/	13		17,177.09		1321.31	.001		2453.87		1.52
ACCOMMODATIONS	7	13		6,402.55		492.50	.001		914.65		.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	13		6,402.55		492.50	.001		914.65		.57
ANCILLARIES	7	0		10,774.54		.00	.000		1539.22		.95
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	506	1,454		38,005.83		26.14	.129		75.11		3.37
MEDICAL	125	155		7,533.89		48.61	.014		60.27		.67
SURGERY	38	43		1,596.72		37.13	.004		42.02		.14
PATHOLOGY	128	443		4,428.95		10.00	.039		34.60		.39
RADIOLOGY	94	111		4,095.06		36.89	.010		43.56		.36
ROOM USE	371	424		16,565.69		39.07	.038		44.65		1.47
	195	278		3,785.52		13.62	.025		19.41		.34
CROSSOVERS/ALL OTH OUTPTNT			ı		4	32.87		4		<u>ب</u>	
@COUNTY HOSPITAL TOTAL	1	2 \$	•	65.74	\$.000	Ş	65.74	Ş	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		65.74		32.87	.000		65.74		.01
MEDICAL	1	1		30.80		30.80	.000		30.80		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.94		34.94	.000		34.94		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTT!		ם מים			חדכ		DΛ	.GE 7,635
MOP024	FEE-FOR-SERVICE		MONI	H-OF-PAIMENT RE	EPORI	L FOR UAN A	2003 IRKU	DEC	2003	PA	01/29/04
			TO 7\ M	AID (CODEC	7 7 7 1 ONT	O.D.				01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR 133% PROG	RAM	AID (CODES	5 /2 /4 ON		#○NTIT	HLY AVERA	aп	
11 20F BLIGIBLES	HGEDG	INTEG OF GEDVICE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7			-		_	
11,285 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST				-	OST PER
	51.4	OR DAYS OF CARE		110 510 10		R UNIT/DAY					LIGIBLE
@COMMUNITY HOSPITAL TOTAL	514	1,498 \$	i	110,713.18		73.91	.133	Ş	215.40	Ş	9.81
COMM HOSP INPATIENT TOTAL	18	46		72,773.09		1582.02	.004		4042.95		6.45
HSC HOSPITALS	11	33		55,596.00		1684.73	.003		5054.18		4.93
NON-HSC HOSPITALS TOTAL	7	13		17,177.09		1321.31	.001		2453.87		1.52
ACCOMMODATIONS	7	13		6,402.55		492.50	.001		914.65		.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	13		6,402.55		492.50	.001		914.65		.57
ANCILLARIES	7	0		10,774.54		.00	.000		1539.22		.95
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ö	0		.00		.00	.000		.00		.00
	v	<u> </u>		.00					.00		

COMM HOSP OUTPATIENT TOTAL	505	1,452	37,940.09	26.13	.129	75.13	3.36
MEDICAL	124	154	7,503.09	48.72	.014	60.51	.66
SURGERY	38	43	1,596.72	37.13	.004	42.02	.14
PATHOLOGY	128	443	4,428.95	10.00	.039	34.60	.39
RADIOLOGY	94	111	4,095.06	36.89	.010	43.56	.36
ROOM USE	370	423	16,530.75	39.08	.037	44.68	1.46
CROSSOVERS/ALL OTH OUTPTNT	195	278	3,785.52	13.62	.025	19.41	.34
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	135 \$	18,615.00	\$ 137.89	.012 \$	9307.50	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	135	18,615.00	137.89	.012	9307.50	1.65
HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	12	47 \$	1,342.82	\$ 28.57	.004 \$	111.90	\$.12
HOSPITAL BASED	12	47	1,342.82	28.57	.004	111.90	.12
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	156	355 \$	3,440.04	\$ 9.69	.031 \$	22.05	
PATHOLOGY	156	355	3,440.04	9.69	.031	22.05	.30
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC		1,886 \$	176,001.42	\$ 93.32	.167 \$	143.21	
CLINIC	53	71	1,027.81	14.48	.006	19.39	.09
SURGICENTER	65	370	15,022.86	40.60	.033	231.12	1.33
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,129	1,445	159,950.75	110.69	.128	141.67	14.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 7,636
MOP024	FEE-FOR-SERVICE						01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR 133% PROGRAM	AID	CODES 72 74 8N			
44 005					MONT		
11,285 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
	1.00	OR DAYS OF CARE	14 662 05	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	183	968 \$	14,663.05	\$ 15.15	.086 \$	80.13	
DURABLE MED. EQUIP.	7	15	620.10	41.34	.001	88.59	.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19 19	303	4,517.64	14.91	.027	237.77	.40
AMBULANCES/AIR TRANS	19	301	2,717.64	9.03	.027	143.03	. 24
OTHER TRANS	0 2	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	1,800.00	900.00	.000	900.00	.16
ACUPUNCTURE	Ü	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00

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OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST PORTABLE X-RAY

> PROSTHETICS ORTHOTICS

OPTICIAN

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2

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29

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	7	375.72	53.67	.001	187.86	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	125	548	5,514.75	10.06	.049	44.12	.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	1.63	1.63	.000	1.63	.00
@CALIF. CHILDREN SERVICES*	52	430	\$ 75,670.34	\$ 175.98	.038	\$ 1455.20	\$ 6.71
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,637 FEE-FOR-SERVICE/DENTAL

01/29/04

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T MERCED COUNTY

					MON		
13,458 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,255	17,756 \$	915,639.43	\$ 51.57	1.319 \$		
@PHYSICIANS SERVICES	1,072	2,337 \$		\$ 49.23	.174 \$	107.32	
OUTPATIENT VISITS	723	895	35,648.40	39.83	.067	49.31	2.65
OFFICE VISITS	481	573	18,513.07	32.31	.043	38.49	1.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	165	180	8,664.69	48.14	.013	52.51	.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	62	101	7,120.63	70.50	.008	114.85	.53
OTHER OUTPATIENT	37	41	1,350.01	32.93	.003	36.49	.10
INPATIENT VISITS	68	197	17,082.57	86.71	.015	251.21	1.27
HOSPITAL VISITS	64	126	5,700.49	45.24	.009	89.07	.42
CRITICAL CARE	7	71	11,382.08	160.31	.005	1626.01	.85
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	19	21	894.64	42.60	.002	47.09	.07
EXAMINATIONS	19	21	894.64	42.60	.002	47.09	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	69	263	35,453.05	134.80	.020	513.81	2.63
PRINCIPAL SURGEON	54	59	29,742.52	504.11	.004	550.79	2.21
ASSISTANT SURGEON	9	9	1,393.39	154.82	.001	154.82	.10
ANESTHESIOLOGIST	21	195	4,317.14	22.14	.014	205.58	.32
OUTPATIENT SURGERY	54	133	7,284.08	54.77	.010	134.89	.54
PRINCIPAL SURGEON	44	54	5,353.58	99.14	.004	121.67	.40
ASSISTANT SURGEON	1	1	84.51	84.51	.000	84.51	.01
	13	78	1,845.99	23.67		142.00	.14
ANESTHESIOLOGIST	0				.006		
DIALYSIS	-	0	.00	.00	.000	.00	.00
PATHOLOGY	104	187	1,773.92	9.49	.014	17.06	.13
RADIOLOGY	259	368	8,443.12	22.94	.027	32.60	.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	36	575.45	15.98	.003	31.97	.04
OTHER SERVICES/ALL X-OVERS	148	237	7,892.78	33.30	.018	53.33	.59
@PHARMACY	1,439	3,318 \$	109,968.28	\$ 33.14	.247 \$		\$ 8.17
PRESCRIPTION DRUGS	1,418	2,828	107,736.11	38.10	.210	75.98	8.01
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,418	2,828	107,736.11	38.10	.210	75.98	8.01
MEDICAL SUPPLIES	39	490	2,232.17	4.56	.036	57.24	.17
@DENTIST	667	3,482 \$		\$ 29.64	.259 \$	154.73	
VISITS - DIAGNOSTIC	444	2,396	32,806.18	13.69	.178	73.89	2.44
ORAL SURGERY	90	186	10,891.00	58.55	.014	121.01	.81
DRUGS	15	25	435.00	17.40	.002	29.00	.03
ANESTHESIA	7	7	700.00	100.00	.001	100.00	.05
IMADOINEDIA	,	,	700.00	100.00	.001	100.00	.03

PERIODONTICS	5	5	420.00	84.00	.000	84.00	.03
ENDODONTICS	42	69	11,629.30	168.54	.005	276.89	.86
RESTORATIVE DENTISTRY	224	632	34,507.40	54.60	.047	154.05	2.56
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	12	13	1,511.00	116.23	.001	125.92	.11
MAXILLOFACIAL SERVICES	6	9	513.17	57.02	.001	85.53	.04
FRACTURES, DISLOCATIONS	1	2	1,600.00	800.00	.000	1600.00	.12
ORTHODONTIC SERVICES	95	111	7,820.00	70.45	.008	82.32	.58
ALL OTHER SERVICES	18	27	375.00	13.89	.002	20.83	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DE	C 2003	PAGE 7,638
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR 100% PROGRAM	AID CODES	7A 7C 8R	ВТ		
					MON	ITHLY AVERAG	E

					MONT	HLY AVERAGE	:
13,458 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	128	371 \$	8,999.04	\$ 24.26	.028 \$	70.31 \$	
DIAGNOSTIC AND ANC. PROCED	91	91	4,193.65	46.08	.007	46.08	.31
EYE APPLIANCES	93	263	3,718.69	14.14	.020	39.99	.28
OTHER OPTOMETRIC SERVICES	17	17	1,086.70	63.92	.001	63.92	.08
@CHIROPRACTOR	9	12 \$	200.64	\$ 16.72	.001 \$	22.29 \$.01
VISITS	9	12	200.64	16.72	.001	22.29	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	51.00	\$ 51.00	.000 \$	51.00 \$.00
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000	51.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$.00		.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$ 0 \$ 0 \$.00		.000 \$.00 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00		.000 \$.00 \$	
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$	
@TOTAL HOSPITAL	437	1,456 \$	356,560.22	\$ 244.89	.108 \$	815.93 \$	
HOSP INPATIENT TOTAL	69	270			.020	4724.75	24.22
HSC HOSPITALS		0.40	300,604.99	1207.44 1252.52	.018	4848.47	22.34
NON-HSC HOSPITAL TOTAL	8	240 30 30 3 0 27 0 0	25,402.46	846.75	.002	3175.31	1.89
ACCOMMODATIONS	8	30	10,454.79	348.49	.002	1306.85	.78
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	27	9,760.89	361.51	.002	1394.41	.73
ANCILLARIES	8	0	14,947.67	.00	.000	1868.46	1.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	383	1,186	30,552.77	25.76	.088	79.77	2.27
MEDICAL	81	111	4,314.15	38.87	.008	53.26	.32
SURGERY	28	30	1,018.25	33.94	.002	36.37	.08
PATHOLOGY	116	358	3,846.60	10.74	.027	33.16	.29
RADIOLOGY	115	146	5,919.33	40.54	.011	51.47	.44
ROOM USE	241	284	10,899.31	38.38	.021	45.23	.81
CROSSOVERS/ALL OTH OUTPTNT	137	257	4,555.13	17.72	.019	33.25	.34
@COUNTY HOSPITAL TOTAL	1	2 \$		\$ 12.53	.000 \$	25.06 \$	
CO HOSPITAL INPATIENT TOTAL	0	2 Ş 0	.00	Ş 12.53 .00	.000 \$	چ 25.06 چ .00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
	0	0				.00	
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	U		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ü	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	25.06	12.53	.000	25.06	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	25.06	12.53	.000	25.06	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 7,639
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES F	OR 100% PROGRAM	AID C	ODES 7A 7C 8R 8	8T		
					MON	THLY AVERAG	E
13,458 ELIGIBLES	USERS UNITS	S OF SERVICE	EXPENDITURES	AVERAGE COST I	UNITS/DAYS	COST PER	COST PER
	OR D	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	436	1,454 \$	356,535.16	\$ 245.21	.108 \$	817.74	\$ 26.49

COMM HOSP INPALLENT TOTAL	69	270		320,007.45	1207.			4/44./5		24.22
HSC HOSPITALS	62	240		300,604.99	1252.			4848.47		22.34
NON-HSC HOSPITALS TOTAL	8	30		25,402.46	846.			3175.31		1.89
ACCOMMODATIONS	8	30		10,454.79	348.			1306.85		.78
ADMINISTRATIVE DAYS	1	3		693.90	231.	30 .000		693.90		.05
TRANSITIONAL IP CARE	0	0		.00		.000		.00		.00
ALL OTHER ACCOM	7	27		9,760.89	361.			1394.41		.73
ANCILLARIES	γ	0		14,947.67		00 .000		1868.46		1.11
	0	0		•						.00
INPATIENT CROSSOVERS	U			.00		.000		.00		
ALL OTHER INPATIENT	0	0		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	382	1,184		30,527.71	25.			79.92		2.27
MEDICAL	81	111		4,314.15	38.	87 .008		53.26		.32
SURGERY	28	30		1,018.25	33.	94 .002		36.37		.08
PATHOLOGY	116	358		3,846.60	10.			33.16		. 29
RADIOLOGY	114	144		5,894.27	40.			51.70		.44
ROOM USE	241	284			38.			45.23		.81
				10,899.31						
CROSSOVERS/ALL OTH OUTPTNT		257		4,555.13	17.			33.25		.34
@STATE HOSPITAL	0	0	\$.00		.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	Ô	0	τ	.00		00 .000		.00	Υ	.00
LEV B-REHAB MD	0	0		.00		00 .000		.00		.00
	0	0								
LEV B-SUBACUTE FREESTANDING	Ü	Ü		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000		.00		.00
LEV B-REGULAR	0	0		.00		.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.000		.00	•	.00
ICF DD	0	Ő		.00		00 .000		.00		.00
	0	0								
ICF DDN/DDCN	0			.00		000.000		.00	_	.00
@HEMODIALYSIS TOTAL	6	363	\$	12,072.87	\$ 33.			2012.15	Ş	.90
HOSPITAL BASED	0	0		.00		.000		.00		.00
HEMODIALYSIS CENTER	6	363		12,072.87	33.			2012.15		.90
@REHABILITATION FACILITY	6	37	\$	1,013.67	\$ 27.	40 .003	\$	168.95	\$.08
HOSPITAL BASED	3	7		387.63	55.			129.21		.03
INDEPENDENT FACILITY	3	30		626.04	20.			208.68		.05
@LABORATORY FACILITY	251	738	\$	10,798.88				43.02	Ċı	.80
	251		Ą						Ą	
PATHOLOGY		738		10,798.88	14.			43.02		.80
XO AND OTHERS	0	0	_	.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,040	1,828	\$	150,740.00			\$	144.94	\$	11.20
CLINIC	98	431		9,461.43	21.	95 .032		96.55		.70
SURGICENTER	10	36		1,296.14	36.	.003		129.61		.10
HEROIN DETOX CLINIC	0	0		.00		00 .000		.00		.00
RURAL HEALTH CLINIC	945	1,361		139,982.43	102.			148.13		10.40
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	DEC MON						D7	AGE 7,640
			KES MOI	NIH-OF-PAIMENI R	EPORI FOR	JAN 2003 IHRU	DEC 2	2003	PF	
MOP024	FEE-FOR-SERVICE									01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR 100% P	ROGRAM	AID	CODES 7A 7					
							-		.GE -	
13,458 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE	COST UNITS/DA	YS CO	OST PER	(COST PER
•		OR DAYS OF CAR				/DAY PER ELI		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	876	3,813	\$	46,978.77	\$ 12.			53.63		3.49
		51	Y	530.70	10.			106.14	Ÿ	.04
DURABLE MED. EQUIP.	5			.00		41 .004 00 .000				
DI OOD DANK	^			()()		UU (J()()		.00		.00
BLOOD BANK	0	0								~ ~
BLOOD BANK HEARING AID DISPENSERS	0	0		.00		.000		.00		.00
						.000				.00 1.07
HEARING AID DISPENSERS	0	0		.00		00 .000 28 .048		.00		
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 38 38	0 647 643		.00 14,414.77 8,264.77	22. 12.	00 .000 28 .048 85 .048		.00 379.34 217.49		1.07 .61
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0 38 38 0	0 647 643 0		.00 14,414.77 8,264.77 .00	22. 12.	00 .000 28 .048 85 .048 00 .000		.00 379.34 217.49 .00		1.07 .61 .00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 38 38	0 647 643		.00 14,414.77 8,264.77	22. 12. 1537.	00 .000 28 .048 85 .048 00 .000	2	.00 379.34 217.49		1.07 .61

COMM HOSP INPATIENT TOTAL

69

270

326,007.45

1207.44

.020

4724.75

24.22

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00	
GENETIC DISEASE TESTING	25	25	2,625.00	105.00	.002	10	5.00	.20	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00	
OPTICIAN	145	330	2,998.89	9.09	.025	2	0.68	.22	
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00	
PROSTHETIST/ORTHOTISTS	9	25	2,413.70	96.55	.002	26	8.19	.18	
PROSTHETICS	6	22	2,201.93	100.09	.002	36	6.99	.16	
ORTHOTICS	3	3	211.77	70.59	.000	7	0.59	.02	
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00	
SPEECH AND AUDIOLOGY	6	19	793.85	41.78	.001	13	2.31	.06	
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00	
LOCAL EDUCATION AGENCIES	658	2,156	21,233.33	9.85	.160	3	2.27	1.58	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00	
ALL OTHER PROVIDERS	3	560	1,968.53	3.52	.042	65	6.18	.15	
@CALIF. CHILDREN SERVICES*	95	1,146	\$ 180,114.91	\$ 157.17	.085	\$ 189	5.95	\$ 13.38	
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,641 FEE-FOR-SERVICE/DENTAL

01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MON	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,598	4,280	\$ 225,242.73	\$ 52.63	.000	140.95	\$.00
@PHYSICIANS SERVICES	305	466	\$ 32,987.79	\$ 70.79	.000	108.16	\$.00
OUTPATIENT VISITS	153	249	17,469.84	70.16	.000	114.18	.00
OFFICE VISITS	17	20	274.78	13.74	.000	16.16	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	142	229	17,195.06	75.09	.000	121.09	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	10	17	1,873.45	110.20	.000	187.35	.00
PRINCIPAL SURGEON	8	12	1,651.40	137.62	.000	206.43	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	5	222.05	44.41	.000	55.51	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	14	171.40	12.24	.000	17.14	.00
RADIOLOGY	171	173	12,394.31	71.64	.000	72.48	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	7	292.59	41.80	.000	97.53	.00
OTHER SERVICES/ALL X-OVERS	3	6	786.20	131.03	.000	262.07	.00

@PHARMACY	88	139	Ġ	2,450.01 \$	17.63	.000	27.84	Ġ	.00
PRESCRIPTION DRUGS	87	137	Ą	2,272.89	16.59	.000	26.13	Ų	.00
SNF/ICF	0	137		.00	.00	.000	.00		.00
OUTPATIENTS	87	137		2,272.89			26.13		.00
	0 /	137		177.12	16.59	.000			.00
MEDICAL SUPPLIES	1	2	4		88.56	.000	177.12	4	
@DENTIST	0	0	Ş	.00 \$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES M	ONTH-OF-PAYMENT REPO	RT FOR JAN	2003 THRU D	EC 2003	PAGI	7,642
MOP024	FEE-FOR-SERVICE/DENTAL	J						(1/29/04
MERCED COUNTY	SUMMARY OF SERVICES FO		TIVE	ELIGIBILITY-PREGNAN	T AID CODES	5 7F 7G			
						-	THLY AVERAG	3E	

							M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000	·	.00	·	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00		.00	.000	•	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000	•	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Ś	.00
@TOTAL HOSPITAL	11	16	Š	762.79	Š	47.67	.000	Š	69.34	Š	.00
HOSP INPATIENT TOTAL	0	0	٧	.00	٧	.00	.000	٧	.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Õ		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11	16		762.79		47.67	.000		69.34		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	5		61.93		12.39	.000		15.48		.00
RADIOLOGY	2	2		157.37		78.69	.000		78.69		.00
ROOM USE	6	7		227.79		32.54	.000		37.97		.00
ROOM ODE	U	,		221.19		J2.JI	.000		51.91		.00

CROSSOVERS/ALL OTH OUTPTNT	2	2		315.70		157.85	.000		157.85	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00	
ANCILLARIES	0	0		.00		.00	.000		.00	.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	.00	
MEDICAL	0	0		.00		.00	.000		.00	.00	
SURGERY	0	0		.00		.00	.000		.00	.00	
PATHOLOGY	0	0		.00		.00	.000		.00	.00	
RADIOLOGY	0	0		.00		.00	.000		.00	.00	
ROOM USE	0	0		.00		.00	.000		.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUF	RES MC	NTH-OF-PAYMENT R	EPOR'	T FOR JAN 20	03 THRU	DEC 2	2003	PAGE 7,6	43
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/	04
MERCED COUNTY	SUMMARY OF SERVICES FOR	PRESUME	TIVE	ELIGIBILITY-PREG	NANT	AID CODES 7	F 7G				

MERCED COUNTI	SUMMARI OF SER	VICES FOR PRESUMP	TTAF	EDIGIDILIII-PREG	INMINI	AID CODES	/r /G	_ N.T.		aп	
00 51 5655 56	Hanna				3.7.7		M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		_	COST PER		COST PER
		OR DAYS OF CARE	_	760 70		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	16	\$	762.79	\$	47.67	.000	Ş	69.34	Ş	.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	16		762.79		47.67	.000		69.34		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	5		61.93		12.39	.000		15.48		.00
RADIOLOGY	2	2		157.37		78.69	.000		78.69		.00
ROOM USE	6	7		227.79		32.54	.000		37.97		.00
CROSSOVERS/ALL OTH OUTPTNT	2	2		315.70		157.85	.000		157.85		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	721	2,054	\$	52,275.04	\$	25.45	.000	\$	72.50	\$.00
PATHOLOGY	721	2,054		52,275.04		25.45	.000		72.50		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	893	1,551	\$	131,097.10	\$	84.52	.000	\$	146.81	\$.00
CLINIC	2	7		213.66		30.52	.000		106.83		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	891	1,544		130,883.44		84.77	.000		146.89		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDI	TURES	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC	2003	PAGE	7,644
MOP024	FEE-FOR-SERVICE	/DENTAL								0	1/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR PRES	UMPTIV	E ELIGIBILITY-PRE	GNANT	AID CODES	5 7F 7G				
							M	TNON	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	ERAGE COST	T UNITS/DAY	ZS.	COST PER	COS	T PER

	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	54	54 \$	5,670.00	\$ 105.00	.000 \$	105.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	54	54	5,670.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,645
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

----- MONTHLY AVERAGE -----54 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 19 168 4,797.44 \$ 28.56 3.111 \$ 252.50 \$ 88.84 @PHYSICIANS SERVICES 3 10 365.40 36.54 .185 \$ 121.80 \$ 6.77 .00 OUTPATIENT VISITS 0 0 .00 .000 .00 .00 OFFICE VISITS .00 .00 .00 .00 0 0 .000 HOME VISITS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 .185 INPATIENT VISITS 10 365.40 36.54 121.80 6.77 HOSPITAL VISITS 10 365.40 36.54 .185 121.80 6.77 .00 CRITICAL CARE 0 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 0 OPHTHALMOLOGICAL SERVICES 0 .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON 0 .00 .00 .000 .00 .00 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	Ô		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	13	68	\$	2,388.03	ċ.	35.12		Ġ	183.69	\$	44.22
	13		Ą	•	Ą			Ą		Ą	
PRESCRIPTION DRUGS		68		2,388.03		35.12	1.259		183.69		44.22
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	13	68		2,388.03		35.12	1.259		183.69		44.22
MEDICAL SUPPLIES	0	0		.00	_	.00	.000	_	.00	_	.00
@DENTIST	Ţ	2	\$.00	\$.00	.037	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1		.00		.00	.019		.00		.00
ORAL SURGERY	1	1		.00		.00	.019		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	~		FC M	IONTH-OF-PAYMENT RE	DOPT)FC		D	AGE 7,646
MOP024	FEE-FOR-SERVICE/		ויו טבו.	ONIH OF PAIMENT RE	r Oit i	FOR UAN 2	3005 IIIKO L	ی ندر	2003	F	01/29/04
MERCED COUNTY			ד ידיד	BERCULOSIS PROGRAM		AID CODE	7 u				01/29/04
MERCED COUNTY	SUMMART OF SERVI	LES FOR MEDI-CA	10	BERCOLOSIS FROGRAM		AID CODE	MC	ידאו	HI.V AMEDA	CF	
54 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDITURES	Δ1/1	RACE COST	UNITS/DAYS		COST PER		COST PER
34 EDIGIDDES	OSERS	OR DAYS OF CARE		EXFENDITORES		UNIT/DAY	PER ELIG	,	USER		ELIGIBLE
@OPTOMETRIST	0	0 OR DATE OF CARE		.00	\$.00	.000	Ġ	.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	4		4			4		4	
@CHIROPRACTOR	0		\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	4.	.00	4.	.00	.000		.00	4.	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@ΤΟΤΔΙ, ΗΟΟΡΙΤΔΙ.	4	4	Ġ	71 32	¢	17 83	074	Ċ	17 83	ė	1 32

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NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HOSP INPATIENT TOTAL

@TOTAL HOSPITAL

HSC HOSPITALS

ACCOMMODATIONS

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	4	71.32	17.83	.074	17.83	1.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	23.76	11.88	.037	11.88	.44
RADIOLOGY	2	2	47.56	23.78	.037	23.78	.88
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 7,647
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	ES FOR MEDI-CAL	TUBERCULOSIS PROGRA	AM AID COD	E 7H		
					MO	NTHLY AVERAG	GE
54 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER

					MON	THLY AVERAC	jE
54 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	4 \$	71.32	\$ 17.83	.074 \$	17.83	\$ 1.32
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	4	71.32	17.83	.074	17.83	1.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	23.76	11.88	.037	11.88	.44
RADIOLOGY	2	2	47.56	23.78	.037	23.78	.88
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	84	\$	1,972.69	\$	23.48	1.556	\$	328.78	\$	36.53
CLINIC	2	79		1,511.04		19.13	1.463		755.52		27.98
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	5		461.65		92.33	.093		115.41		8.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MONTH-	-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PI	GE 7,648
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	MEDI-CA	L TUBERCU	JLOSIS PROGRAM		AID CODE	7H				

HERCED COOMIT	DOMINING OF DERIVICE	10 I OIC FILIDI CI	THEOREM THEOREM	TILD CODE	/ 11		
					MON'	THLY AVERAC	GE
54 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,649
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MOI	NTHLY AVERA	GE	
628 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	654	2,936	\$	352,363.16	\$ 120.01	4.675	\$ 538.78	\$	561.09
@PHYSICIANS SERVICES	401	1,295	\$	85,712.31	\$ 66.19	2.062	\$ 213.75	\$	136.48
OUTPATIENT VISITS	210	494		24,470.37	49.54	.787	116.53		38.97
OFFICE VISITS	14	19		710.96	37.42	.030	50.78		1.13
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	10	10		500.56	50.06	.016	50.06		.80
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	192	465		23,258.85	50.02	.740	121.14		37.04
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	59	121		5,846.19	48.32	.193	99.09		9.31

HOSPITAL VISITS 56 112 4,847.29 43.28 .178 86.56 7.72 CRITICAL CARE 4 9 9.99.0 110.99 .014 247.73 1.59 SNF/ICF/ITABN IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HOODIMAL MICHEO	56	110			4 0 47 00		42 20		170		06 56		7 70
SMF/ICF/TRANS IP CARE		~ -												
DPHTHALMOLOGICAL SERVICES		4	9											
EXAMINATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0											
SERVICES AND MATERIALS 0 0 0 0 00 00 00 00 00 00 00 100 100 1		0	0											
NAMESTERNT HOSPITAL SURGERY		· ·	0											
PRINCIPAL SURGEON 56 57 30.090.90 527.91 .091 537.34 47.92 ASSISTANT SURGEON 7 7 7 7 1.305.50 186.50 .011 186.50 2.088 ANESTHESIOLOGIST 15 95 2.877.98 30.29 .151 191.87 4.58 OUTPATIENT SURGEON 61 79 8.581.87 108.63 .126 140.69 13.67 ASSISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 32 32 948.06 29.63 .051 29.63 .151 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 67 175 1,505.22 8.60 .279 22.47 2.40 PATHOLOGY 113 126 6,766.89 53.71 .201 59.88 10.78 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0														
ANSSITANT SURGEON 7 7 7 1,305.50 186.50 .011 186.50 2.08 ANSSTRESICLOCIST 15 95 2,877.98 30.29 .151 191.87 4.58 OUTPATIENT SURGERY 63 111 9,529.93 85.86 1.77 151.27 15.18 PRINCIPAL SURGEON 61 79 8,581.87 108.63 1.26 140.69 13.67 ASSISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00														
ANESTHESIOLOGIST 15 95 2,877.98 30.29 151 191.87 4.58 OUTPATTENT SURGEY 63 111 9,529.93 85.86 177 151.27 151.18 PRINCIPAL SURGEON 61 79 8,581.87 108.63 1.26 140.69 13.67 ASSISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 32 32 948.06 29.63 .051 29.63 1.51 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0														
OUTPATIENT SURGERY		•												
PRINCIPAL SURGEON	ANESTHESIOLOGIST	15	95			2,877.98		30.29				191.87		4.58
ASSISTANT SURGEON ANSSTHESIOLOGIST 32 32 32 948.06 29.63 .051 29.63 .051 DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT SURGERY	63	111			9,529.93		85.86		.177		151.27		15.18
ANESTHESIOLOGIST DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	61	79			8,581.87		108.63		.126		140.69		13.67
ANESTHESIOLOGIST 32 32 948.06 29.63 .051 29.63 1.51 DIALYSIS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ASSISTANT SURGEON	0	0			.00		.00		.000		.00		.00
PATHOLOGY		32	32			948.06		29.63		.051				1.51
PATHOLOGY	DIALYSIS	0	0			.00		.00		.000		.00		.00
RADIOLOGY 113 126 6,766.89 53.71 .201 59.88 10.78 PSYCHIATRY	PATHOLOGY	67	175			1,505.22		8.60		.279				2.40
PSYCHIATRY		113	126											
IMMUNIZATION AND INJECTION 34 49 729.94 14.90 .078 21.47 1.16 OTHER SERVICES/ALL X-OVERS 41 60 2.589.39 43.16 .096 63.16 4.12 @PHARMACY 143 266 5 4.501.32 16.92 .424 \$ 31.48 \$ 7.17 PRESCRIPTION DRUGS 142 264 4.448.67 16.85 .420 31.33 7.08 SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 142 264 4.448.67 16.85 .420 31.33 7.08 MEDICAL SUPPLIES 2 2 2 52.65 26.33 .003 26.33 .08 @DENTIST 0 0 0 0 0 0 0 0 0 VISITS - DIAGNOSTIC 0 0 0 0 0 0 0 0 0 ORAL SURGERY 0 0 0 0 0 0 0 0 0 DRUGS 0 0 0 0 0 0 0 0 0	PSYCHIATRY	0	0			•								
OTHER SERVICES/ALL X-OVERS		34	-											
@PHARMACY 143 266 \$ 4,501.32 \$ 16.92 .424 \$ 31.48 \$ 7.17 PRESCRIPTION DRUGS 142 264 4,448.67 16.85 .420 31.33 7.08 SNF/ICF 0 0 0 .00 .00 .00 .00 OUTPATIENTS 142 264 4,448.67 16.85 .420 31.33 7.08 MEDICAL SUPPLIES 2 2 52.65 26.33 .003 26.33 .08 @DENTIST 0 0 \$.00 .00 .00 .00 \$.00 VISITS - DIAGNOSTIC 0 0 0 .00 <td></td>														
PRESCRIPTION DRUGS \$142 264 4,448.67 16.85 .420 31.33 7.08				Ġ			Ś				Ś		Ś	
SNF/ICF				Ψ			Υ				Τ.		т	
OUTPATIENTS 142 264 4,448.67 16.85 .420 31.33 7.08 MEDICAL SUPPLIES 2 2 52.65 26.33 .003 26.33 .08 @DENTIST 0 0 0 \$.00 \$.00 \$.00 VISITS - DIAGNOSTIC 0 0 .00						•								
MEDICAL SUPPLIES 2 2 52.65 26.33 .003 26.33 .08 @DENTIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00<														
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VISITS - DIAGNOSTIC 0 0 0 0 0 00 00 000 000 000 000 000 0				Ċ			Ċ				Ċ		Ċ	
ORAL SURGERY 0 0 0 0 .00 .00 .00 .000 .00 .00 .00 .		0		Ÿ			Ų				Ÿ		Ÿ	
DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0											
ANESTHESIA 0 0 0 .00 .00 .00 .000 .000 .000 .000		0	0											
PERIODONTICS 0 0 .0		0	0											
ENDODONTICS 0 0 .00		0	0											
RESTORATIVE DENTISTRY 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td>		0	0											
PROSTHETICS 0 0 .00		0	0											
DENTURES, STAYPLATES 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td>		0	0											
SPACE MAINTAINERS 0 0 .00 <		0	0											
MAXILLOFACIAL SERVICES 0 0 .00 </td <td></td> <td>0</td> <td>0</td> <td></td>		0	0											
FRACTURES, DISLOCATIONS 0 0 .00	· · · · · · · · · · · · · · · · · · ·	0	0											
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0											
ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0											
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,650		0	0											
		•	-											
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04				ES N	ONTH-0	OF-PAYMENT RI	EPORT	FOR JAN	2003	THRU	DEC	2003		
	MOP024	FEE-FOR-SERVICE/DENTA	L											01/29/04

MERCED COUNTY

SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

----- MONTHLY AVERAGE ------

						1.1.	OIAI	TITLE TO A FIVE	101	
628 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0 \$.00	\$.	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.	.000	\$.00	\$.00
@TOTAL HOSPITAL	121	374 \$	216,080.98	\$ 577.	76 .596	\$ 1785.79	\$ 344.08
HOSP INPATIENT TOTAL	65	185	210,550.64	1138.	.295	3239.24	335.27
HSC HOSPITALS	49	122	144,356.95	1183.			229.87
NON-HSC HOSPITAL TOTAL	16	63	66,193.69	1050.			105.40
ACCOMMODATIONS	16	63	24,848.89	394.			39.57
ADMINISTRATIVE DAYS	0	0	.00		00 .000		.00
TRANSITIONAL IP CARE	0	0	.00		00 .000		.00
ALL OTHER ACCOM	16	63	24,848.89	394.			39.57
	16	0	41,344.80		00 .000		65.84
ANCILLARIES INPATIENT CROSSOVERS	0	0	41,344.00				.00
	0	_					
ALL OTHER INPATIENT		0	.00		00 .000		.00
HOSP OUTPATIENT TOTAL	68	189	5,530.34	29.			8.81
MEDICAL	19	22	1,246.12	56.			1.98
SURGERY	7	8	266.48	33.			.42
PATHOLOGY	27	64	650.15	10.			1.04
RADIOLOGY	15	14	1,052.64	75.			1.68
ROOM USE	24	37	1,637.05	44.			2.61
CROSSOVERS/ALL OTH OUTPTNT	21	44	677.90	15.			1.08
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		000.000		.00
ALL OTHER ACCOM	0	0	.00		000.000		.00
ANCILLARIES	0	0	.00		00 .000		.00
INPATIENT CROSSOVERS	0	Ô	.00		00 .000		.00
ALL OTHER INPATIENT	0	0	.00		00 .000		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		00 .000		.00
MEDICAL	0	0	.00		00 .000		.00
SURGERY	0	0	.00		00 .000		.00
PATHOLOGY	0	0	.00		00 .000		.00
	0	0	.00		00 .000		.00
RADIOLOGY	0	0					
ROOM USE	0	0	.00		.000		.00
CROSSOVERS/ALL OTH OUTPTNT			.00		.000		.00
		AND EXPENDITURES M	ION.I.H-OFBAAMEN.I. I	KEPORT FOR	JAN 2003 THRU	DEC 2003	PAGE 7,651
MOP024	FEE-FOR-SERVICE/D			~~~~			01/29/04
MERCED COUNTY	SUMMARY OF SERVIC	ES FOR MINOR CONSE	INT AID CODES AID	CODES 7M 7			
						MONTHLY AVERA	
628 ELIGIBLES		NITS OF SERVICE	EXPENDITURES		COST UNITS/DAY		COST PER
	1	OR DAYS OF CARE			/DAY PER ELIC		ELIGIBLE
	121	374 \$	216,080.98	\$ 577.		\$ 1785.79	
COMM HOSP INPATIENT TOTAL	65	185	210,550.64	1138.			335.27
HSC HOSPITALS	49	122	144,356.95	1183.	25 .194	2946.06	229.87
NON-HSC HOSPITALS TOTAL	16	63	66,193.69	1050.	69 .100		105.40
ACCOMMODATIONS	16	63	24,848.89	394.	43 .100	1553.06	39.57
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0 16	0	.00		000.000		.00
ALL OTHER ACCOM	16	63	24,848.89	394.			39.57
ANCILLARIES	16	0	41,344.80		00 .000		65.84
INPATIENT CROSSOVERS	0	0	.00		00 .000		.00
ALL ORIED TAIDARTEAR	0	0	.00		.000		.00

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.102

.00

81.33

65.59 38.07

24.08

.00

8.81

1.98

.42

1.04

ALL OTHER INPATIENT

MEDICAL SURGERY

PATHOLOGY

COMM HOSP OUTPATIENT TOTAL

RADIOLOGY	15	14		1,052.64		75.19	.022		70.18		1.68
ROOM USE	24	37		1,637.05		44.24	.059		68.21		2.61
CROSSOVERS/ALL OTH OUTPINT	21	44		677.90		15.41	.070		32.28		1.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	153	456	\$	8,111.85	\$	17.79	.726	\$	53.02	\$	12.92
PATHOLOGY	153	455		8,052.35		17.70	.725		52.63		12.82
XO AND OTHERS	1	1		59.50		59.50	.002		59.50		.09
@ORGANIZED OUTPATIENT CLINIC	157	450	\$	32,901.65	\$.717	\$	209.56	\$	52.39
CLINIC	26	187		5,734.59		30.67	.298		220.56		9.13
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	131	263		27,167.06		103.30	.419		207.38		43.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2003	THRU	DEC	2003	PI	AGE 7,652
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSE	NT AID CODES AID C	CODES	7M 7P 7R 7N					

----- MONTHLY AVERAGE -----628 ELIGIBLES USERS UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY 105.31 @ALL OTHER PROVIDERS 48 95 5,055.05 53.21 .151 \$ \$ 8.05 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 BLOOD BANK .00 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 305.75 MEDICAL TRANSPORTATION 48 6.37 .076 152.88 .49 AMBULANCES/AIR TRANS 48 305.75 6.37 .076 152.88 .49 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 42 42 4,357.50 103.75 .067 103.75 6.94 0 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 0 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 5 391.80 78.36 .008 97.95 .62 96.50 PROSTHETICS 96.50 .002 96.50 .15 295.30 73.83 .006 98.43 .47 ORTHOTICS PSYCHOLOGIST 0 .00 .00 .000 .00 .00 0 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	24 \$	34,580.47	\$ 1440.85	.038	\$ 11526.82	\$ 55.06
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
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@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,653
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE							01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS C	CASES	IN PA-FAMILIES	AID CODE	38		
						MON	THLY AVERAG	E
24,469 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
21,103 22101222	00210	OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,297	39,960 \$	4	1,626,949.23	\$ 40.71	1.633 \$		
			•					
@PHYSICIANS SERVICES	2,861	5,887 \$	· ·	231,872.73	\$ 39.39	.241 \$		
OUTPATIENT VISITS	2,116	2,612		101,031.44	38.68	.107	47.75	4.13
OFFICE VISITS	1,418	1,677		56,117.15	33.46	.069	39.57	2.29
HOME VISITS	1	1		34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	541	578		28,563.32	49.42	.024	52.80	1.17
PREVENTIVE CARE	3	3		106.77	35.59	.000	35.59	.00
OB VISITS/COMPRE PERI	113	233		12,390.89	53.18	.010	109.65	.51
OTHER OUTPATIENT	115	120		3,819.01	31.83	.005	33.21	.16
INPATIENT VISITS	107	264		14,228.53	53.90	.011	132.98	.58
HOSPITAL VISITS	105	229		10,357.22	45.23	.009	98.64	.42
CRITICAL CARE	7	35		3,871.31	110.61	.001	553.04	.16
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	28	33		1,413.10	42.82	.001	50.47	.06
EXAMINATIONS	27	32		1,377.81	43.06	.001	51.03	.06
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.00
	81							
INPATIENT HOSPITAL SURGERY		249		38,396.97	154.20	.010	474.04	1.57
PRINCIPAL SURGEON	62	65		32,771.65	504.18	.003	528.58	1.34
ASSISTANT SURGEON	13	13		2,120.31	163.10	.001	163.10	.09
ANESTHESIOLOGIST	19	171		3,505.01	20.50	.007	184.47	.14
OUTPATIENT SURGERY	173	456		28,767.55	63.09	.019	166.29	1.18
PRINCIPAL SURGEON	137	172		21,903.52	127.35	.007	159.88	.90
ASSISTANT SURGEON	2	2		186.16	93.08	.000	93.08	.01
ANESTHESIOLOGIST	54	282		6,677.87	23.68	.012	123.66	.27
	2	7		505.12	72.16	.000		.02
DIALYSIS							252.56	
PATHOLOGY	306	573		4,186.01	7.31	.023	13.68	.17
RADIOLOGY	592	749		21,054.31	28.11	.031	35.56	.86
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	51	338		7,548.10	22.33	.014	148.00	.31
OTHER SERVICES/ALL X-OVERS	329	606		14,741.60	24.33	.025	44.81	.60
@PHARMACY	4,195	12,899 \$	5	412,321.00	\$ 31.97	.527 \$	98.29	\$ 16.85
PRESCRIPTION DRUGS	4,140	9,548	r	402,145.53	42.12	.390	97.14	16.43
SNF/ICF	3	25		1,999.79	79.99	.001	666.60	.08
OUTPATIENTS	4,137	9,523		400,145.74	42.02	.389	96.72	16.35
MEDICAL SUPPLIES	141	3,351		10,175.47	3.04	.137	72.17	.42
@DENTIST	975	5,503 \$	5	177,016.68	\$ 32.17	.225 \$		
VISITS - DIAGNOSTIC	671	3,641		47,462.05	13.04	.149	70.73	1.94
ORAL SURGERY	115	224		14,719.50	65.71	.009	128.00	.60
DRUGS	18	32		602.50	18.83	.001	33.47	.02
ANESTHESIA	7	9		900.00	100.00	.000	128.57	.04
	37	37		4,498.00	121.57	.002	121.57	.18
PERIODONTICS								
ENDODONTICS	90	187		24,043.00	128.57	.008	267.14	.98
RESTORATIVE DENTISTRY	351	1,177		66,999.00	56.92	.048	190.88	2.74
PROSTHETICS	4	4		60.00	15.00	.000	15.00	.00

DENTURES, STAYPLATES	9	37	2,627.00	71.00	.002	291.89	.11
SPACE MAINTAINERS	13	16	1,982.00	123.88	.001	152.46	.08
MAXILLOFACIAL SERVICES	24	24	2,533.63	105.57	.001	105.57	.10
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	79	98	10,440.00	106.53	.004	132.15	.43
ALL OTHER SERVICES	31	17	150.00	8.82	.001	4.84	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	ES MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,654
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR EDWARDS	CASES IN PA-FAMILIES	AID CODE	38		
					MON	THLY AVERAG	GE
24,469 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	167	501	\$ 12,222.05	\$ 24.40	.020 \$	73.19	\$.50
DIAGNOSTIC AND ANC. PROCED	110	111	4,955.92	44.65	.005	45.05	.20
EYE APPLIANCES	125	362	5,449.03	15.05	.015	43.59	.22
OTHER OPTOMETRIC SERVICES	28	28	1,817.10	64.90	.001	64.90	.07

@CHIROPRACTOR	50	74 \$	1,216.38	\$ 16.44	.003 \$	24.33	\$.05
VISITS	50	74	1,216.38	16.44	.003	24.33	.05
	0						
OTHER SERVICES	U	0	.00	.00	.000	.00	.00
@PODIATRIST	5	9 \$	378.04	\$ 42.00	.000 \$	75.61	\$.02
MEDICINE/INJECTIONS	4	4	104.08	26.02	.000	26.02	.00
SURGERY/ANES.	1	1	11.00	11.00	.000	11.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	1	262.96	65.74	.000	131.48	.01
	4	4 5 \$ 0 \$ 5 \$ 0 \$					
@HOME HEALTH AGENCY	5	5 \$	374.30	\$ 74.86	.000 \$	74.86	\$.02
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	1	E &	98.86	\$ 19.77	.000 \$	98.86	\$.00
	_	၁ ခု		•	•		•
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	5	6 \$	195.68	\$ 32.61	.000 \$	39.14	\$.01
@TOTAL HOSPITAL	1,200	•	399,124.79	•	•	332.60	\$ 16.31
		4,053 \$					
HOSP INPATIENT TOTAL	87	223	299,324.00	1342.26	.009	3440.51	12.23
HSC HOSPITALS	76	181	231,462.46	1278.80	.007	3045.56	9.46
	12	42	67,861.54			5655.13	2.77
NON-HSC HOSPITAL TOTAL				1615.75	.002		
ACCOMMODATIONS	12	42	20,541.36	489.08	.002	1711.78	.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0				.00	
TRANSITIONAL IP CARE			.00	.00	.000		.00
ALL OTHER ACCOM	12	42	20,541.36	489.08	.002	1711.78	.84
ANCILLARIES	12	0	47,320.18	.00	.000	3943.35	1.93
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,136	3,830	99,800.79	26.06	.157	87.85	4.08
MEDICAL	363	472	15,613.54	33.08	.019	43.01	.64
SURGERY	88	92	2,773.95	30.15	.004	31.52	.11
PATHOLOGY	363	1,255	14,002.84	11.16	.051	38.58	.57
RADIOLOGY	281	361	21,929.24	60.75	.015	78.04	.90
ROOM USE	713	840	33,003.30	39.29	.034	46.29	1.35
CROSSOVERS/ALL OTH OUTPTNT	412	810	12,477.92	15.40	.033	30.29	.51
			•				
@COUNTY HOSPITAL TOTAL	13	53 \$	5,262.08	\$ 99.28	.002 \$	404.78	\$.22
CO HOSPITAL INPATIENT TOTAL	1	3	4,056.03	1352.01	.000	4056.03	.17
HSC HOSPITALS	1	3	4,056.03	1352.01	.000	4056.03	.17
	1		•				
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	Ü	0	.00		.000		
ALL OTHER ACCOM	Ω		.00	.00	.000	.00	.00
ANCILLARIES		0					
	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00 .00 .00	.000	.00	.00
	0 0 0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0	.00 .00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0 0 12	0 0 50	.00 .00 .00 .00 .00	.00 .00 .00 .00 .24.12	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0 0 50 7	.00 .00 .00 .00 1,206.05 277.44	.00 .00 .00 .00 .24.12 39.63	.000 .000 .000 .000 .002	.00 .00 .00 .00 100.50 55.49	.00 .00 .00 .00 .05
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0 0 12	0 0 50	.00 .00 .00 .00 .00	.00 .00 .00 .00 .24.12 39.63	.000 .000 .000 .000	.00 .00 .00 .00 100.50 55.49	.00 .00 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 12	0 0 50 7 0	.00 .00 .00 .00 1,206.05 277.44 69.05CR	.00 .00 .00 .00 24.12 39.63 .00	.000 .000 .000 .000 .002 .000	.00 .00 .00 .00 100.50 55.49	.00 .00 .00 .00 .05 .01
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 12	0 0 50 7 0 18	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39	.00 .00 .00 .00 24.12 39.63 .00	.000 .000 .000 .000 .002 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85	.00 .00 .00 .00 .05 .01 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 12	0 0 50 7 0 18 8	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64	.000 .000 .000 .000 .002 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72	.00 .00 .00 .00 .05 .01 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 12	0 0 50 7 0 18	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15	.00 .00 .00 .00 24.12 39.63 .00	.000 .000 .000 .000 .002 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85	.00 .00 .00 .00 .05 .01 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 12 5 0 4 3 8	0 0 50 7 0 18 8 10	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64 40.24	.000 .000 .000 .000 .002 .000 .000 .001	.00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30	.00 .00 .00 .00 .05 .01 .00 .01
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 12 5 0 4 3 8	0 0 50 7 0 18 8 10 7	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64 40.24 33.53	.000 .000 .000 .000 .002 .000 .000 .001 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68	.00 .00 .00 .00 .05 .01 .00 .01 .01
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 12 5 0 4 3 8	0 0 50 7 0 18 8 10	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64 40.24 33.53	.000 .000 .000 .000 .002 .000 .000 .001 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68	.00 .00 .00 .05 .01 .00 .01 .01 .02 .01 PAGE 7,655
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVIC	0 0 50 7 0 18 8 10 7	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64 40.24 33.53	.000 .000 .000 .000 .002 .000 .000 .001 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68	.00 .00 .00 .05 .01 .00 .01 .01 .02 .01 PAGE 7,655
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RE	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20	.000 .000 .000 .000 .002 .000 .000 .001 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68	.00 .00 .00 .00 .05 .01 .00 .01 .01
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 50 7 0 18 8 10 7	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RE	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20	.000 .000 .000 .000 .002 .000 .000 .001 .000 .000	.00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68	.00 .00 .00 .00 .05 .01 .00 .01 .01 .02 .01 PAGE 7,655 01/29/04
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RE	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20	.000 .000 .000 .000 .002 .000 .000 .001 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68	.00 .00 .00 .00 .05 .01 .00 .01 .01 .02 .01 PAGE 7,655 01/29/04
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RE	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20	.000 .000 .000 .000 .002 .000 .001 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68	.00 .00 .00 .00 .05 .01 .00 .01 .01 .02 .01 PAGE 7,655 01/29/04
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M //DENTAL ICES FOR EDWARDS CAS UNITS OF SERVICE	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RE	.00 .00 .00 .00 24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20 AID CODE 3	.000 .000 .000 .000 .002 .000 .000 .001 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68 2003	.00 .00 .00 .00 .05 .01 .01 .01 .02 .01 PAGE 7,655 01/29/04
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 24,469 ELIGIBLES	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M //DENTAL ICES FOR EDWARDS CAS UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RE	.00 .00 .00 .00 .24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20 AID CODE 3	.000 .000 .000 .000 .002 .000 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68 2 2003	.00 .00 .00 .00 .05 .01 .01 .01 .02 .01 PAGE 7,655 01/29/04 GE
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 24,469 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,189	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M DENTAL CICES FOR EDWARDS CAS UNITS OF SERVICE OR DAYS OF CARE 4,000 \$.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RE ES IN PA-FAMILIES EXPENDITURES 393,862.71	.00 .00 .00 .00 .24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20 AID CODE 3 AVERAGE COST U PER UNIT/DAY \$ 98.47	.000 .000 .000 .000 .002 .000 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68 2 2003	.00 .00 .00 .00 .05 .01 .00 .01 .01 .02 .01 PAGE 7,655 01/29/04 GE
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 24,469 ELIGIBLES	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M //DENTAL ICES FOR EDWARDS CAS UNITS OF SERVICE OR DAYS OF CARE	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RE	.00 .00 .00 .00 .24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20 AID CODE 3	.000 .000 .000 .000 .002 .000 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68 2 2003	.00 .00 .00 .00 .05 .01 .01 .01 .02 .01 PAGE 7,655 01/29/04 GE
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 24,469 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,189 86	0 0 50 7 0 18 8 10 7 CES AND EXPENDITURES M //DENTAL ICES FOR EDWARDS CAS UNITS OF SERVICE OR DAYS OF CARE 4,000 \$ 220	.00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RESES IN PA-FAMILIES EXPENDITURES 393,862.71 295,267.97	.00 .00 .00 .00 .24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20 AID CODE 3 AVERAGE COST U PER UNIT/DAY \$ 98.47 1342.13	.000 .000 .000 .000 .002 .000 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68 2 2003	.00 .00 .00 .00 .05 .01 .00 .01 .01 .02 .01 PAGE 7,655 01/29/04 GE
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 24,469 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,189 86 75	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M //DENTAL ICES FOR EDWARDS CAS UNITS OF SERVICE OR DAYS OF CARE 4,000 \$ 220 178	.00 .00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RESES IN PA-FAMILIES EXPENDITURES 393,862.71 295,267.97 227,406.43	.00 .00 .00 .00 .24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20 AID CODE 3 AVERAGE COST U PER UNIT/DAY \$ 98.47 1342.13 1277.56	.000 .000 .000 .000 .002 .000 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68 2003 THLY AVERA COST PER USER 331.26 3433.35 3032.09	.00 .00 .00 .00 .05 .01 .00 .01 .02 .01 PAGE 7,655 01/29/04 GE
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 24,469 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,189 86 75 12	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M //DENTAL TICES FOR EDWARDS CAS UNITS OF SERVICE OR DAYS OF CARE 4,000 \$ 220 178 42	.00 .00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RES EXPENDITURES 393,862.71 295,267.97 227,406.43 67,861.54	.00 .00 .00 .00 .24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20 AID CODE 3 	.000 .000 .000 .000 .002 .000 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68 2003 THLY AVERA COST PR 331.26 3433.35 3032.09 5655.13	.00 .00 .00 .00 .05 .01 .00 .01 .02 .01 PAGE 7,655 01/29/04 GE
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY 24,469 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0 0 12 5 0 4 3 8 4 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,189 86 75	0 0 50 7 0 18 8 10 7 ES AND EXPENDITURES M //DENTAL ICES FOR EDWARDS CAS UNITS OF SERVICE OR DAYS OF CARE 4,000 \$ 220 178	.00 .00 .00 .00 .00 1,206.05 277.44 69.05CR 187.39 173.15 402.42 234.70 ONTH-OF-PAYMENT RESES IN PA-FAMILIES EXPENDITURES 393,862.71 295,267.97 227,406.43	.00 .00 .00 .00 .24.12 39.63 .00 10.41 21.64 40.24 33.53 PORT FOR JAN 20 AID CODE 3 AVERAGE COST U PER UNIT/DAY \$ 98.47 1342.13 1277.56	.000 .000 .000 .000 .002 .000 .000 .000	.00 .00 .00 .00 100.50 55.49 .00 46.85 57.72 50.30 58.68 2003 THLY AVERA COST PER USER 331.26 3433.35 3032.09	.00 .00 .00 .00 .05 .01 .00 .01 .02 .01 PAGE 7,655 01/29/04 GE

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	42		20,541.36		489.08	.002		1711.78		.84
	12	0		47,320.18		.00	.002		3943.35		1.93
ANCILLARIES	12	0									
INPATIENT CROSSOVERS	0	Ü		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0 42 0 0 0 3,780		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,126	3,780		98,594.74		26.08	.154		87.56		4.03
MEDICAL	358	465		15,336.10		32.98	.019		42.84		.63
SURGERY	88	92		2,843.00		30.90	.004		32.31		.12
PATHOLOGY	360	1,237		13,815.45		11.17	.051		38.38		.56
	278	353				61.63			78.26		.89
RADIOLOGY				21,756.09			.014				
ROOM USE	706	830		32,600.88		39.28	.034		46.18		1.33
CROSSOVERS/ALL OTH OUTPTNT		803		12,243.22		15.25	.033		30.01		.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	Ö	\$.00	\$.00	.000	¢	.00	Ċ	.00
	0	0	Y		Ÿ		.000	Y	.00	Ÿ	.00
LEV A-INTERMEDIATE	U			.00		.00					
LEV B-REHAB MD	Ü	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL -DD	1	6	\$	1,081.89	\$	180.32	.000	Ś	1081.89	\$.04
TOE DOI	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
ICF DDn	0	0									
ICF DD	U			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	1	6		1,081.89		180.32	.000		1081.89		.04
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHARTI.TTATION FACTI.TTV	8	22	\$	803.45	\$	36.52	.001	Ś	100.43	\$.03
UOCDITAL DACED	7	21	Υ	782.26	Ψ.	37.25	.001	٧	111.75	~	.03
INDEDENDENT EXCIT TOY	,			21.19		21.19			21.19		.00
INDEPENDENT FACILITY		1 2,019	4				.000	4		4	
@LABORATORY FACILITY	6 / 0	2,019	\$	25,877.44	\$	12.82	.083	Ş	38.62	Ş	1.06
PATHOLOGY	6.70	2,018		25,817.94		12.79	.082		38.53		1.06
XO AND OTHERS		1		59.50		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	2,245	3,625	\$	318,081.09	\$	87.75	.148	\$	141.68	\$	13.00
CLINIC	307	923		19,494.86		21.12	.038		63.50		.80
SURGICENTER	69	272		12,787.29		47.01	.011		185.32		.52
HEBOTH DETON CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,907	2,430		285,798.94		117.61	.099				11.68
										D.	
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	EDOK.I.	FOR JAN 2	2003 THRU	DEC	2003	PF	AGE 7,656
MOP024	FEE-FOR-SERVICE										01/29/04
MERCED COUNTY	SUMMARY OF SERV	VICES FOR EDWARDS	S CAS	ES IN PA-FAMILIES		AID CODE					
							M			-	
24,469 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	1,101	5,346	\$	46,284.85	\$	8.66	.218	\$	42.04	\$	1.89
DURABLE MED. EQUIP.	17	42	•	1,577.67		37.56	.002	•			.06
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	3		1,579.43		526.48	.000		526.48		.06
MEDICAL TRANSPORTATION	118	1,165		14,427.91		12.38	.048		122.27		.59
AMBULANCES/AIR TRANS	118	1,164		14,411.51		12.38	.048		122.13		.59
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		16.40		16.40	.000		16.40		.00
ACUPUNCTURE	2	3		59.47		19.82	.000		29.74		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	21	22		2,310.00		105.00	.001		110.00		.09
				· ·							
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	202	464	4,736.21	10.21	.019	23.45	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	30	48	2,356.18	49.09	.002	78.54	.10
PROSTHETICS	16	31	1,535.85	49.54	.001	95.99	.06
ORTHOTICS	15	17	820.33	48.25	.001	54.69	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	10	302.79	30.28	.000	75.70	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	709	1,860	18,202.91	9.79	.076	25.67	.74
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,729	732.28	.42	.071	81.36	.03
@CALIF. CHILDREN SERVICES*	60	278	\$ 51,976.63	\$ 186.97	.011	\$ 866.28	\$ 2.12
@XOVER EXCLUDING STATE HOSP**	13	44	\$ 570.89	\$ 12.97	.002	\$ 43.91	\$.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,657 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

MERCED COONII	DOMMAKI OF DEK	VICED FOR DDI AFFI	/ سمد	NUDC IN FA DISABII	ED AID CODES OF	V OE		
							ITHLY AVERA	
743 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	 ST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	IGIBLE
@TOTAL, ALL PROVIDERS	403	2,772	\$	235,509.71	\$ 84.96	3.731		316.97
@PHYSICIANS SERVICES	183	532	\$	30,946.60	\$ 58.17	.716		\$ 41.65
OUTPATIENT VISITS	128	170		6,868.45	40.40	.229	53.66	9.24
OFFICE VISITS	82	108		3,711.35	34.36	.145	45.26	5.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	31	32		1,764.87	55.15	.043	56.93	2.38
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	11		796.94	72.45	.015	99.62	1.07
OTHER OUTPATIENT	18	19		595.29	31.33	.026	33.07	.80
INPATIENT VISITS	16	80		7,451.74	93.15	.108	465.73	10.03
HOSPITAL VISITS	14	38		1,774.90	46.71	.051	126.78	2.39
CRITICAL CARE	4	42		5,676.84	135.16	.057	1419.21	7.64
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.001	57.79	.08
EXAMINATIONS	1	1		57.79	57.79	.001	57.79	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	65		7,860.86	120.94	.087	714.62	10.58
PRINCIPAL SURGEON	9	15		6,506.62	433.77	.020	722.96	8.76
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	50		1,354.24	27.08	.067	451.41	1.82
OUTPATIENT SURGERY	8	10		1,772.75	177.28	.013	221.59	2.39
PRINCIPAL SURGEON	8	9		1,742.89	193.65	.012	217.86	2.35
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		29.86	29.86	.001	29.86	.04
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	18	53		553.58	10.44	.071	30.75	.75
RADIOLOGY	47	94		3,746.27	39.85	.127	79.71	5.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3		112.18	37.39	.004	37.39	.15
OTHER SERVICES/ALL X-OVERS	38	56		2,522.98	45.05	.075	66.39	3.40
@PHARMACY	237	1,014	\$	65,670.97	\$ 64.76	1.365	277.09	\$ 88.39
PRESCRIPTION DRUGS	235	785		65,041.52	82.86	1.057	276.77	87.54
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	235	785		65,041.52	82.86	1.057	276.77	87.54

MEDICAL SUPPLIES	14	229	629.45	2.75	.308	44.96	.85
@DENTIST	30	168	5,301.94	\$ 31.56	.226	\$ 176.73	\$ 7.14
VISITS - DIAGNOSTIC	23	112	1,492.94	13.33	.151	64.91	2.01
ORAL SURGERY	4	6	483.00	80.50	.008	120.75	.65
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.13
PERIODONTICS	3	3	310.00	103.33	.004	103.33	.42
ENDODONTICS	1	1	100.00	100.00	.001	100.00	.13
RESTORATIVE DENTISTRY	17	45	2,816.00	62.58	.061	165.65	3.79
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAI	N 2003 THRU I	DEC 2003	PAGE 7,658
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES F	FOR SSI APPEA	AL/NLDC IN PA-DISABL	ED AID CODES	6N 6P		

MERCED COUNTY	SUMMARY OF SER	VICES FOR SSI AP.	PEAL/	NLDC IN PA-DISABL	ED A	TD CODES 61			HLY AVERA	CE	
743 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7.	ERAGE COST		-	COST PER	GE.	COST PER
743 FFIGIRES	USEKS	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	6	21	ь \$	533.31	РЕ \$	25.40	.028		88.89	\$.72
DIAGNOSTIC AND ANC. PROCED	0	4	Ą	189.80	Ą	47.45	.005	Ą	47.45	Ą	. 26
	4	15		224.51		14.97	.020		44.90		.30
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	5	2		119.00		59.50	.003		59.50		.16
	2	2	\$	33.44	\$	16.72	.003	۲.		\$.16
@CHIROPRACTOR	2	2	Ş	33.44	Ş	16.72	.003	Þ	16.72	Þ	.05
VISITS	2	0				.00					
OTHER SERVICES	0	0	Ċ.	.00	۲.		.000	4	.00	۲,	.00
@PODIATRIST	∠ 1	4	\$	86.02	\$	21.51	.005	Þ	43.01	Þ	.12
MEDICINE/INJECTIONS	Τ	0		51.00		51.00	.001		51.00		.07
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.003		34.60		.05
OTHER	Ţ	1	4	.42	4	.42	.001		.42		.00
@HOME HEALTH AGENCY	3	6 0	\$	449.16	\$	74.86	.008	\$	149.72	\$.60
NURSE ANESTHESIST	0	· ·	Ş	.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	Ş	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	Ş	.00	\$.00
@TOTAL HOSPITAL	88	425	\$	110,471.01	\$	259.93	.572	\$	1255.35	\$	148.68
HOSP INPATIENT TOTAL	13	60		82,996.05		1383.27	.081		6384.31		111.70
HSC HOSPITALS	13	60		82,996.05		1383.27	.081		6384.31		111.70
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	78	365		27,474.96		75.27	.491		352.24		36.98
MEDICAL	21	28		773.79		27.64	.038		36.85		1.04
SURGERY	8	9		274.42		30.49	.012		34.30		.37
PATHOLOGY	30	121		1,262.40		10.43	.163		42.08		1.70
RADIOLOGY	20	31		2,521.80		81.35	.042		126.09		3.39
ROOM USE	55	68		2,928.97		43.07	.092		53.25		3.94
CROSSOVERS/ALL OTH OUTPTNT	32	108		19,713.58		182.53	.145		616.05		26.53
@COUNTY HOSPITAL TOTAL	1	11	\$	151.93	\$	13.81	.015	\$	151.93	\$.20
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	11	151.93	13.81	.015	151.93	.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	57.66	8.24	.009	57.66	.08
RADIOLOGY	1	3	59.72	19.91	.004	59.72	.08
ROOM USE	1	1	34.55	34.55	.001	34.55	.05
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2003 THRU DEC	2003	PAGE 7,659

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL MERCED COUNTY

MERCED COUNTI	SUMMARI OF SERV	ICES FOR SSI AP.	РБАЦ/	NLDC IN PA-DISABL	ED AI	TO CODES OF				aп	
742 ELICIDIES	USERS	INTER OF REDUIE		EXPENDITURES	7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7	RAGE COST	M		HLY AVERA COST PER		COST PER
743 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					USER		ELIGIBLE
ACOMMINITEN HARDEN MORAL	87	OR DAYS OF CAR		110 210 00		R UNIT/DAY					
@COMMUNITY HOSPITAL TOTAL	13	414	\$	110,319.08	\$			Ş	1268.04	Þ	148.48
COMM HOSP INPATIENT TOTAL HSC HOSPITALS		60		82,996.05		1383.27	.081		6384.31		111.70
	13 0	60 0		82,996.05		1383.27	.081		6384.31		111.70
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	_0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	77	354		27,323.03		77.18	.476		354.84		36.77
MEDICAL	21	28		773.79		27.64	.038		36.85		1.04
SURGERY	8	9		274.42		30.49	.012		34.30		.37
PATHOLOGY	29	114		1,204.74		10.57	.153		41.54		1.62
RADIOLOGY	19	28		2,462.08		87.93	.038		129.58		3.31
ROOM USE	54	67		2,894.42		43.20	.090		53.60		3.90
CROSSOVERS/ALL OTH OUTPTNT		108		19,713.58		182.53	.145		616.05		26.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	50	256	\$	3,526.48	\$	13.78	.345	\$	70.53	\$	4.75
PATHOLOGY	49	255	·	3,466.98	•	13.60	.343		70.75		4.67
XO AND OTHERS	1	1		59.50		59.50	.001		59.50		.08
@ORGANIZED OUTPATIENT CLINIC	100	191	\$	15,090.33	\$	79.01	.257	\$	150.90	\$	20.31
CLINIC	17	70	·	1,644.24	•	23.49	.094		96.72		2.21
SURGICENTER	4	4		181.54		45.39	.005		45.39		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	83	117		13,264.55		113.37	.157		159.81		17.85
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 7,660
MOP024	FEE-FOR-SERVICE									_	01/29/04
MERCED COUNTY			PEAL/	NLDC IN PA-DISABL	ED AT	D CODES 61	N 6P				,,,
			/			00000 01	N	IONT	HLY AVERA	GE	
743 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	Δ1/1	ERAGE COST					COST PER
, 10 11101110	ODLIND	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	43	153	\$	3,400.45	\$	22.23	.206		79.08	Ś	4.58
DURABLE MED. EQUIP.	1	1	Y	77.22	Y	77.22	.001	Y	77.22	Y	.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
PHOOD DUINT	O	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	73	2,158.12	29.56	.098	143.87	2.90
AMBULANCES/AIR TRANS	15	73	2,158.12	29.56	.098	143.87	2.90
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.003	105.00	.28
IHMC, MODEL-NF, NF, AIDS, MSSF	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	29	336.16	11.59	.039	25.86	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	138.72	46.24	.004	69.36	.19
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	45	480.23	10.67	.061	40.02	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	9 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	26	155	\$ 73,322.26	\$ 473.05	.209		
@XOVER EXCLUDING STATE HOSP*	** 1	1	\$.42	\$.42	.001	\$.42	\$.00
♠★ MOMATO TAL MURGE TIMEO ADE	ATTENT AC A CEDADAME	TATE ODAIN THE ONT	NTT TZ •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,661
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

SUMMARI OF SER	VICES FOR CRAIG CASES	S- AGED IN PA-AGED	AID COD	r Tr		
				MON	NTHLY AVERAGI	·
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
458	11,236 \$	748,774.45	\$ 66.64	34.361	\$ 1634.88	2289.83
51	188 \$	1,755.37	\$ 9.34	.575	34.42	5.37
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	46.44	46.44	.003	46.44	.14
1	1	46.44	46.44	.003	46.44	.14
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 458 51 0 0 0 0 0 0 0 0 0 1 1	USERS UNITS OF SERVICE OR DAYS OF CARE 458 11,236 \$ 51 188 \$ 0 1 1 1 1 0	OR DAYS OF CARE 458	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 11,236 \$ 748,774.45 \$ 66.64 51 188 \$ 1,755.37 \$ 9.34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 458 11,236 \$ 748,774.45 \$ 66.64 34.361 \$ 1634.88 \$ 51 188 \$ 1,755.37 \$ 9.34 .575 \$ 34.42 \$ 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	50	187		1,708.93		9.14	.572		34.18		5.23
@PHARMACY	412	2,362	\$	129,883.09	\$	54.99	7.223	\$	315.25	\$	397.20
PRESCRIPTION DRUGS	410	2,259		129,032.34	•	57.12	6.908		314.71	-	394.59
SNF/ICF	200	1,534		80,715.90		52.62	4.691		403.58		246.84
OUTPATIENTS	213	725		48,316.44		66.64	2.217		226.84		147.76
MEDICAL SUPPLIES	18	103		850.75		8.26	.315		47.26		2.60
@DENTIST	13	29	\$	1,980.00	\$	68.28	.089	\$	152.31	\$	6.06
VISITS - DIAGNOSTIC	6	14		256.00		18.29	.043		42.67		.78
ORAL SURGERY	2	5		199.00		39.80	.015		99.50		.61
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		90.00		45.00	.006		90.00		.28
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	8		1,435.00		179.38	.024		287.00		4.39
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 7,662
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED		AID CO	DE 1E				
							M	ONTH	LY AVERA	GE -	

						M	ONT	HLY AVERA	GE	
327 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV1	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7	21	\$ 367.47	\$	17.50	.064	\$	52.50	\$	1.12
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	7	19	325.16		17.11	.058		46.45		.99
OTHER OPTOMETRIC SERVICES	1	2	42.31		21.16	.006		42.31		.13
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	19	27	\$ 56.29	\$	2.08	.083	\$	2.96	\$.17
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	19	27	56.29		2.08	.083		2.96		.17
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 2.76	\$	2.76	.003	\$	2.76	\$.01
@TOTAL HOSPITAL	14	117	\$ 6,562.81	\$	56.09	.358	\$	468.77	\$	20.07
HOSP INPATIENT TOTAL	8	48	5,674.79		118.22	.147		709.35		17.35
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	48	5,674.79		118.22	.147		709.35		17.35
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	6	69		888.02	12.87	.211	148.00		2.72
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	69		888.02	12.87	.211	148.00		2.72
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	URES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	EC 2003	PAGI	E 7,663
MOP024	FEE-FOR-SERVIC	E/DENTAL						(01/29/04
MERCED COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES-	- AGED IN PA-AGED	AID CODE	E 1E			
						MON	THLY AVERA	GE	
327 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	EL.	IGIBLE
@COMMUNITY HOSPITAL TOTAL	14	117	\$	6,562.81	\$ 56.09	.358	468.77	\$	20.07
COMM HOSP INPATIENT TOTAL	8	48	•	5,674.79	118.22	.147	709.35	•	17.35
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00

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327 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	117	\$	6,562.81	\$	56.09	.358	\$	468.77	\$	20.07
COMM HOSP INPATIENT TOTAL	8	48		5,674.79		118.22	.147		709.35		17.35
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	48		5,674.79		118.22	.147		709.35		17.35
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	69		888.02		12.87	.211		148.00		2.72
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	6	69		888.02		12.87	.211		148.00		2.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	164	4,824	\$	578,574.28	\$	119.94	14.752	\$	3527.89	\$	1769.34
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	164	4,824		578,574.28		119.94	14.752		3527.89		1769.34
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	11	\$	4,007.27	\$	364.30	.034	\$	364.30	\$	12.25
HOSPITAL BASED	0	0	•	.00	•	.00	.000	-	.00	-	.00
HEMODIALYSIS CENTER	11	11		4,007.27		364.30	.034		364.30		12.25
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	5	\$	39.61	\$	7.92	.015	\$	13.20	\$.12
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	3	5		39.61		7.92	.015		13.20		.12
@ORGANIZED OUTPATIENT CLINIC	24	35	\$	915.61	\$	26.16	.107	\$	38.15	\$	2.80
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		19.06		9.53	.006		9.53		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00

33 27.17 RURAL HEALTH CLINIC 896.55 .101 40.75 2.74 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,664

01/29/04

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MOP024 FEE-FOR-SERVICE/DENTAL MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

						MO	NTHLY AVERA	GE
327 ELIGIBLES	USERS UI	NITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	85	3,616	\$	24,629.89	\$ 6.81	11.058	\$ 289.76	\$ 75.32
DURABLE MED. EQUIP.	4	12		1,975.03	164.59	.037	493.76	6.04
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	12		3,757.31	313.11	.037	536.76	11.49
MEDICAL TRANSPORTATION	40	905		6,998.24	7.73	2.768	174.96	21.40
AMBULANCES/AIR TRANS	8	52		1,013.48	19.49	.159	126.69	3.10
OTHER TRANS	35	853		5,984.76	7.02	2.609	170.99	18.30
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	79		5,436.22	68.81	.242	1087.24	16.62
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	37		2,842.45	76.82	.113	473.74	8.69
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8	14		197.49	14.11	.043	24.69	.60
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4		1,204.79	301.20	.012	1204.79	3.68
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30	2,553		2,218.36	.87	7.807	73.95	6.78
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	115	413	\$	18,941.06	\$ 45.86	1.263	\$ 164.70	\$ 57.92
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATI	E INFORMATION	ITEM ON	LY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 7,665 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

					MON	ITHLY AVERA	3E
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	42	10,642	\$ 40,268.63	\$ 3.78	532.100 \$	958.78	\$ 2013.43
@PHYSICIANS SERVICES	8	16	\$ 215.25	\$ 13.45	.800 \$	26.91	\$ 10.76
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	16	215.25	13.45	.800	26.91	10.76
@PHARMACY	35	204 \$	14,391.59	\$ 70.55	10.200		\$ 719.58
PRESCRIPTION DRUGS	34	159	12,104.18	76.13	7.950	356.01	605.21
SNF/ICF	6	33	710.63	21.53	1.650	118.44	35.53
OUTPATIENTS	28	126	11,393.55	90.43	6.300	406.91	569.68
MEDICAL SUPPLIES	15	45	2,287.41	50.83	2.250	152.49	114.37
@DENTIST	2	19 \$	617.07	\$ 32.48	.950		
VISITS - DIAGNOSTIC	2	16	187.00	11.69	.800	93.50	9.35
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	0	332.00	166.00	.100	332.00	16.60
ENDODONTICS ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.050	98.07	4.90
	1	1	.00	.00	.000	.00	4.90
FRACTURES, DISLOCATIONS	0	0					
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	U U	U			.000		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R.	EPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 7,666
MOP024	FEE-FOR-SERVICE				- 0-		01/29/04
MERCED COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASE	22- RLIND IN 54-RFI	ND AID COD		TERRET 17 3 17 1 2 2	απ.
20 81 10101 80	Hanna	INITES OF SERVICE		ALIEDACE COCE	MON		
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST	UNITS/DAY PER ELIG		COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	Λ	010 27112 01 071102	Ċ	.00	ς.	.00		Ś	.00	Ġ	.00
DIAGNOSTIC AND ANC. PROCED	0	Õ	٧	.00	Y	.00	.000	Y	.00	Y	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	.		4			4		4	
@CHIROPRACTOR	0	0	Ş	.00	Ş	.00	.000	\$		\$.00
VISITS	0	U		.00		.00	.000		.00		.00
OTHER SERVICES	0	Ü		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
@TOTAL HOSPITAL	8	32	Ė	2,335.75	ŝ	72.99	1.600	Š	291.97	Š	116.79
			•	,	•			•		•	

HOSP INPATIENT TOTAL	2		6		1,599	9.27		266.55	.30	00	799.64		79.96
HSC HOSPITALS	0		0		•	.00		.00	.00	0.0	.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.00	0.0	.00		.00
ACCOMMODATIONS	0		0			.00		.00	.00		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.00		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.00		.00		.00
ALL OTHER ACCOM	0		Ô			.00		.00	.00		.00		.00
ANCILLARIES	0		n			.00		.00	.00		.00		.00
INPATIENT CROSSOVERS	2		6		1,599			266.55	.30		799.64		79.96
ALL OTHER INPATIENT	0		0		1,30	.00		.00	.00		.00		.00
HOSP OUTPATIENT TOTAL	6		26		736	5.48		28.33	1.30		122.75		36.82
MEDICAL	2		4			L.79		35.45	.20		70.90		7.09
SURGERY	0		0		11.	.00		.00	.00		.00		.00
PATHOLOGY	0		0			.00		.00	.00		.00		.00
RADIOLOGY	1		1		3 (0.08		30.08	.05		30.08		1.50
ROOM USE	2		5			L.54		34.31	. 25		57.18		8.58
CROSSOVERS/ALL OTH OUTPTNT	5		16			3.07		24.57	.80		78.61		19.65
@COUNTY HOSPITAL TOTAL	0		0	ė.	39.	.00	\$.00	.00		\$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	\$.00	Ą	.00	.00		.00	Ą	.00
HSC HOSPITALS	0		0			.00		.00	.00		.00		.00
	0		0										
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.00		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.00		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.00		.00		.00
TRANSITIONAL IP CARE	U		0			.00		.00	.00		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.00		.00		.00
ANCILLARIES	0		0			.00		.00	.00		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.00		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.00		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0			.00		.00	.00		.00		.00
MEDICAL	0		0			.00		.00	.00		.00		.00
SURGERY	0		0			.00		.00	.00		.00		.00
PATHOLOGY	0		0			.00		.00	.00		.00		.00
RADIOLOGY	0		0			.00		.00	.00		.00		.00
ROOM USE	0		0			.00		.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		PENDITUR	ES MO	NTH-OF-PAYMI	ENT R	EPORT	FOR JAN	2003 THF	RU DI	EC 2003	PI	AGE 7,667
MOP024	FEE-FOR-SERVICE/DI												01/29/04
MERCED COUNTY	SUMMARY OF SERVICE	ES FOR	CRAIG C	ASES-	BLIND IN PA	A-BLI	ND	AID COD	E 2E				
										_	NTHLY AVER	-	
20 ELIGIBLES			SERVICE		EXPENDIT	JRES		RAGE COST			COST PER		COST PER
	(OR DAYS	OF CARE				PER	UNIT/DAY	PER EI	LIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8		32	\$	2,335	5.75	\$	72.99	1.60	00 5	\$ 291.97	\$	116.79

						111111 111111111	
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	32 \$	2,335.75	\$ 72.99	1.600 \$	291.97	\$ 116.79
COMM HOSP INPATIENT TOTAL	2	6	1,599.27	266.55	.300	799.64	79.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	6	1,599.27	266.55	.300	799.64	79.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	26	736.48	28.33	1.300	122.75	36.82
MEDICAL	2	4	141.79	35.45	.200	70.90	7.09
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	30.08	30.08	.050	30.08	1.50
ROOM USE	3	5	171.54	34.31	.250	57.18	8.58
CROSSOVERS/ALL OTH OUTPINT	5	16	393.07	24.57	.800	78.61	19.65
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
		·		•	•		•

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	7	155	\$	18,820.22	\$	121.42	7.750	\$	2688.60	\$	941.01
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	155		18,820.22		121.42	7.750		2688.60		941.01
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	7	\$	432.69	\$	61.81	.350	\$	108.17	\$	21.63
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	7		432.69		61.81	.350		108.17		21.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MO	NTH-OF-PAYMENT RE	POR	r for Jan	2003 THRU	DEC	2003	PI	AGE 7,668
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND IN PA-BLIN	ID	AID COL					
							M	ONT	HLY AVERA	GE -	

					MON	THLY AVERA	3E
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	10,209 \$	3,456.06	\$.34	510.450 \$	203.30	\$ 172.80
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	41	297.42	7.25	2.050	37.18	14.87
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	38	283.13	7.45	1.900	40.45	14.16
OTHER SERVICES	1	3	14.29	4.76	.150	14.29	.71
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	14	907.71	64.84	.700	302.57	45.39
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	64	684.99	10.70	3.200	684.99	34.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE GIV	13 3 13 EN AS A SEPARA	10,090 25 51 ATE INFORMATION	\$ \$ ITEM	1,565.94 4,858.65 3,254.50	5 \$.16 194.35 63.81		\$	120.46 1619.55 250.35	\$	78.30 242.93 162.73
THE AMOUNTS ARE ALREADY INCLU		-									
	-	DETAIL LINES .									
			URES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	I	PAGE 7,669
MOP024 FE	E-FOR-SERVICE/	DENTAL									01/29/04
MERCED COUNTY SU	MMARY OF SERVI	CES FOR CRAIG	CASE	S- DISABLED IN PA	A-DISAE	BLED AID C	ODE 6E				
							M	ONT	HLY AVERA	AGE	
1,161 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	S AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	RE		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,406	21,436	\$	690,905.95	5 \$	32.23	18.463	\$	491.40	\$	595.10
@PHYSICIANS SERVICES	279	865	\$	25,131.35	\$	29.05	.745	\$	90.08	\$	21.65
OURDANTENIN VICINO	143	193		7,623.20)	39.50	.166		53.31		6.57
OUTPATIENT VISITS	143	エノン									

HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	29	37		2,343.43		63.34	.032		80.81		2.02
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	2	2		120.48		60.24	.002		60.24		.10
OTHER OUTPATIENT	16	19		676.94		35.63	.016		42.31		.58
INPATIENT VISITS	10	30		1,552.66		51.76	.026		155.27		1.34
HOSPITAL VISITS	10	30		1,552.66		51.76	.026		155.27		1.34
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	7	9		371.44		41.27	.008		53.06		.32
EXAMINATIONS	7	9		371.44		41.27	.008		53.06		.32
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	4		794.50		198.63	.003		264.83		.68
PRINCIPAL SURGEON	3	4		794.50		198.63	.003		264.83		.68
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	14	36		3,221.02		89.47	.031		230.07		2.77
PRINCIPAL SURGEON	11	14		2,586.87		184.78	.012		235.17		2.23
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	22		634.15		28.83	.019		126.83		.55
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	36	85		648.73		7.63	.073		18.02		.56
RADIOLOGY	55	91		4,282.87		47.06	.078		77.87		3.69
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	6		284.66		47.44	.005		142.33		.25
	123	411		6,352.27		15.46	.354		51.64		5.47
OTHER SERVICES/ALL X-OVERS @PHARMACY	1,151	8,933	\$	334,170.49	۲.	37.41	7.694	بي		\$	287.83
	1,134	,	Ą	326,977.25	\$	72.39		Ą	288.34	Ą	281.63
PRESCRIPTION DRUGS	74	4,517 505		34,616.41		68.55	3.891 .435		467.79		29.82
SNF/ICF				•							
OUTPATIENTS	1,062	4,012		292,360.84		72.87	3.456		275.29		251.82
MEDICAL SUPPLIES	87	4,416	4	7,193.24	4	1.63	3.804		82.68	4	6.20
@DENTIST	63	320	\$	10,893.00	\$	34.04	.276	\$	172.90	\$	9.38
VISITS - DIAGNOSTIC	48	212		2,299.00		10.84	.183		47.90		1.98
ORAL SURGERY	14	25		1,367.00		54.68	.022		97.64		1.18
DRUGS	1	3		45.00		15.00	.003		45.00		.04
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.09
PERIODONTICS	9	10		810.00		81.00	.009		90.00		.70
ENDODONTICS	8	9		1,707.00		189.67	.008		213.38		1.47
RESTORATIVE DENTISTRY	16	37		3,180.00		85.95	.032		198.75		2.74
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	21		1,350.00		64.29	.018		270.00		1.16
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.001		35.00		.03
ALL OTHER SERVICES	5	1		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	1 2003 THRU	DEC	2003	PI	AGE 7,670
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR CRAIG C	CASES-	DISABLED IN PA-I	DISABL	ED AID	CODE 6E				
							,	TONTO:	TTT 37 3 TTTT 3	O.D.	

----- MONTHLY AVERAGE -----1,161 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 19 50 \$ 1,182.41 23.65 .043 \$ 62.23 \$ 1.02 DIAGNOSTIC AND ANC. PROCED 12 12 569.40 47.45 .010 47.45 .49 603.16 .031 43.08 EYE APPLIANCES 14 36 16.75 .52 OTHER OPTOMETRIC SERVICES 1 9.85 4.93 .002 9.85 .01 @CHIROPRACTOR 13 217.36 16.72 .011 \$ 24.15 \$.19 13 217.36 .19 VISITS 16.72 .011 24.15 .00 OTHER SERVICES 0 0 .00 .000 .00 .00 13 .011 \$ @PODIATRIST 9 207.01 \$ 15.92 23.00 \$.18

MEDICINE/INJECTIONS	3	3		69.40		23.13	.003		23.13		.06
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	10		137.61		13.76	.009		22.94		.12
@HOME HEALTH AGENCY	3	239	Ċ	7,045.01	\$	29.48	.206	Ġ		Ċ	6.07
NURSE ANESTHESIST	0	0	Ģ.	.00	\$.00		\$.00		.00
NURSE MIDWIFE	0	0	ς γ	.00	ج ب	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	ς γ	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	ς γ	.00	ج ب	.00	.000		.00		.00
@TOTAL HOSPITAL	0 152 13	1,021	ς γ	63 384 03	ج ب	62 08			417.00	Ġ.	54.59
HOSP INPATIENT TOTAL	12	72	Ą	37,016.21	Ą	51/1 11	.062	Ą	2847.40	Ų	31.88
HSC HOSPITALS	6	23		25,040.00		514.11 1088.70 1681.55	.020		4173.33		21.57
NON-HSC HOSPITAL TOTAL	2	4		6,726.21		1600.70	.003		3363.11		5.79
ACCOMMODATIONS	2	1		3,484.39		871.10	.003		1742.20		3.00
ACCOMMODATIONS	0	0		.00		.00	.003		.00		.00
TDANCITIONAL TO CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	4		3,484.39		871.10	.003		1742.20		3.00
ALL OTHER ACCOM	2	4		3,464.39		.00	.003		1620.91		2.79
ANCILLARIES	2	45		5,250.00		.00 116.67	.039		875.00		4.52
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0	0		5,250.00		.00	.039		.00		.00
ALL OTHER INPATIENT	142	949				.00 27.78					.00 22.71
MEDICAL	142	71		26,367.81		31.22	.817		185.69 56.83		1.91
MEDICAL SURGERY	39	28		2,216.52 856.31		30.58	.061 .024		45.07		.74
SURGERI	49	300		3,175.95		10.59	.258				2.74
PATHOLOGY	35								64.82		
RADIOLOGY	60	53		3,545.63		66.90	.046		101.30		3.05
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	60	92		3,655.07		39.73	.079		60.92		3.15
	82	405	4	12,918.33	4	31.90	.349	4	157.54	4	11.13
@COUNTY HOSPITAL TOTAL	-	11 0	Ş	82.76	\$.009	Ş	41.38	Ş	.07
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
		0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0 11		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	0		82.76		7.52	.009		41.38		.07
MEDICAL	U	0		.00		.00	.000		.00		.00
SURGERY	U	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	11	_~	82.76		7.52	.009		41.38		.07
#CALIF DEPT OF HEALTH SERV			ES MO	JNTH-OF-PAYMENT RE	EPOR'	T FOR JAN 200	J3 THRU	DEC	2003	PΑ	AGE 7,671
MOP024	FEE-FOR-SERVICE/DEN		7.050	DIGADI ED 131 5) T C T	DI					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR CRAIG C	ASES-	- DISARLED IN LA-I	JTSA.			○ N T C C	TIT 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ar.	
1 161 ELICIDIES	IICEDC IINI	TO OF CEDITOR		EADEMDIATIOEC	71 7 7				HLY AVERA		

1,161 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 150 1,010 63,301.26 62.67 .870 \$ 422.01 \$ 54.52 COMM HOSP INPATIENT TOTAL 13 72 37,016.21 514.11 .062 2847.40 31.88 23 HSC HOSPITALS 6 25,040.00 1088.70 .020 4173.33 21.57 NON-HSC HOSPITALS TOTAL 2 4 6,726.21 1681.55 .003 3363.11 5.79 3,484.39 871.10 1742.20 3.00 ACCOMMODATIONS .003 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 2 3,484.39 1742.20 3.00 ALL OTHER ACCOM 4 871.10 .003 2 1620.91 ANCILLARIES 3,241.82 .00 .000 2.79

INPATIENT CROSSOVERS	6	45		5,250.00		116.67	.039		875.00		4.52
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	140	938		26,285.05		28.02	.808		187.75		22.64
MEDICAL	39	71		2,216.52		31.22	.061		56.83		1.91
SURGERY	19	28		856.31		30.58	.024		45.07		.74
PATHOLOGY	49	300		3,175.95		10.59	.258		64.82		2.74
RADIOLOGY	35	53		3,545.63		66.90	.046		101.30		3.05
ROOM USE	60	92		3,655.07		39.73	.079		60.92		3.15
CROSSOVERS/ALL OTH OUTPTNT	80	394		12,835.57		32.58	.339		160.44		11.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	•	.00	.000	•	.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	56	1,470	\$	181,791.37	\$	123.67	1.266	\$	3246.27	\$	156.58
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000	•	.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	56	1,470		181,791.37		123.67	1.266		3246.27		156.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	11	\$	4,836.71	\$	439.70	.009	\$	439.70	\$	4.17
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	11		4,836.71		439.70	.009		439.70		4.17
@REHABILITATION FACILITY	1	23	\$	513.31	\$	22.32	.020	\$	513.31	\$.44
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	23		513.31		22.32	.020		513.31		.44
@LABORATORY FACILITY	74	256	\$	2,460.44	\$	9.61	.220	\$	33.25	\$	2.12
PATHOLOGY	73	255		2,459.47		9.64	.220		33.69		2.12
XO AND OTHERS	1	1		.97		.97	.001		.97		.00
@ORGANIZED OUTPATIENT CLINIC	217	347	\$	27,328.13	\$	78.76	.299	\$	125.94	\$	23.54
CLINIC	6	15		229.74		15.32	.013		38.29		.20
SURGICENTER	10	21		682.03		32.48	.018		68.20		.59
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	202	311		26,416.36		84.94	.268		130.77		22.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITU	JRES MON	TH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 7,672
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
MERCED COUNTY	SUMMARY OF SERVICES FOR	R CRAIG	CASES-	DISABLED IN PA-I	DISAB	LED AID (
							7	// ONTIT	ת כדידו א דודים	CT.	

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					MON	THLY AVERAG	GE
1,161 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	182	7,875 \$	31,745.34	\$ 4.03	6.783 \$	174.42	\$ 27.34
DURABLE MED. EQUIP.	8	13	5,128.70	394.52	.011	641.09	4.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	13	3,980.06	306.16	.011	568.58	3.43
MEDICAL TRANSPORTATION	34	2,005	10,501.39	5.24	1.727	308.86	9.05
AMBULANCES/AIR TRANS	14	206	2,677.13	13.00	.177	191.22	2.31
OTHER TRANS	18	1,794	6,012.10	3.35	1.545	334.01	5.18
OTHER SERVICES	4	5	1,812.16	362.43	.004	453.04	1.56
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	13	1,138.26	87.56	.011	379.42	.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	92	1,099.18	11.95	.079	28.18	.95
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	1.97	.99	.002	.99	.00
PROSTHETIST/ORTHOTISTS	4	24	2,310.32	96.26	.021	577.58	1.99

PROSTHETICS	3	22	2,262.52	102.84	.019	754.17	1.95
ORTHOTICS	1	2	47.80	23.90	.002	47.80	.04
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	28	212	1,394.62	6.58	.183	49.81	1.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	69	5,501	6,190.84	1.13	4.738	89.72	5.33
@CALIF. CHILDREN SERVICES*	34	1,009	\$ 24,279.12	\$ 24.06	.869	\$ 714.09	\$ 20.91
@XOVER EXCLUDING STATE HOSP**	174	1,025	\$ 27,757.36	\$ 27.08	.883	\$ 159.53	\$ 23.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 7,673

01/29/04

MERCED COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

MERCED COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES-	- TOTAL IN PA-TOTA	AL			~-
1 500			_			MON		-
1,508 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,906	43,314	\$	1,479,949.03	\$ 34.17	28.723		
@PHYSICIANS SERVICES	338	1,069	\$	27,101.97	\$ 25.35	.709 \$		\$ 17.97
OUTPATIENT VISITS	143	193		7,623.20	39.50	.128	53.31	5.06
OFFICE VISITS	107	135		4,482.35	33.20	.090	41.89	2.97
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	29	37		2,343.43	63.34	.025	80.81	1.55
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2		120.48	60.24	.001	60.24	.08
OTHER OUTPATIENT	16	19		676.94	35.63	.013	42.31	. 45
INPATIENT VISITS	10	30		1,552.66	51.76	.020	155.27	1.03
HOSPITAL VISITS	10	30		1,552.66	51.76	.020	155.27	1.03
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	10		417.88	41.79	.007	52.24	.28
EXAMINATIONS	8	10		417.88	41.79	.007	52.24	.28
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	4		794.50	198.63	.003	264.83	.53
PRINCIPAL SURGEON	3	4		794.50	198.63	.003	264.83	.53
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	14	36		3,221.02	89.47	.024	230.07	2.14
PRINCIPAL SURGEON	11	14		2,586.87	184.78	.009	235.17	1.72
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	22		634.15	28.83	.015	126.83	.42
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	36	85		648.73	7.63	.056	18.02	.43
RADIOLOGY	55	91		4,282.87	47.06	.060	77.87	2.84
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	6		284.66	47.44	.004	142.33	.19
OTHER SERVICES/ALL X-OVERS	181	614		8,276.45	13.48	.407	45.73	5.49
@PHARMACY	1,598	11,499	\$	478,445.17	\$ 41.61	7.625	299.40	\$ 317.27
PRESCRIPTION DRUGS	1,578	6,935	•	468,113.77	67.50	4.599	296.65	310.42
SNF/ICF	280	2,072		116,042.94	56.01	1.374	414.44	76.95
OUTPATIENTS	1,303	4,863		352,070.83	72.40	3.225	270.20	233.47
MEDICAL SUPPLIES	120	4,564		10,331.40	2.26	3.027	86.10	6.85
@DENTIST	78	368	\$	13,490.07	\$ 36.66	.244		
VISITS - DIAGNOSTIC	56	242	•	2,742.00	11.33	.160	48.96	1.82
ORAL SURGERY	16	30		1,566.00	52.20	.020	97.88	1.04
				,				

DRUGS	1	3	45.00	15.00	.002	45.00	.03
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.07
PERIODONTICS	10	12	1,142.00	95.17	.008	114.20	.76
ENDODONTICS	8	9	1,707.00	189.67	.006	213.38	1.13
RESTORATIVE DENTISTRY	17	39	3,270.00	83.85	.026	192.35	2.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	29	2,785.00	96.03	.019	278.50	1.85
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.001	98.07	.07
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.001	35.00	.02
ALL OTHER SERVICES	5	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES M	IONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 7,674
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
MERCED COUNTY	SUMMARY OF SERVICES	FOR CRAIG CASES	S- TOTAL IN PA-TOTAL				

----- MONTHLY AVERAGE -----

1,508 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST UN PER UNIT/DAY PI	ITS/DAYS ER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	71 \$	1,549.88	\$ 21.83	.047 \$	59.61	
	12	12	569.40	47.45	.008	47.45	.38
DIAGNOSTIC AND ANC. PROCED	21	55					
EYE APPLIANCES			928.32	16.88	.036	44.21	.62
OTHER OPTOMETRIC SERVICES	2	4	52.16	13.04	.003	26.08	.03
@CHIROPRACTOR	9	13 \$	217.36	\$ 16.72	.009 \$		\$.14
VISITS	9	13	217.36	16.72	.009	24.15	.14
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	28	40 \$	263.30	\$ 6.58	.027 \$	9.40	
MEDICINE/INJECTIONS	3	3	69.40	23.13	.002	23.13	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	25	37	193.90	5.24	.025	7.76	.13
@HOME HEALTH AGENCY	3	239 \$	7,045.01	\$ 29.48	.158 \$	2348.34	\$ 4.67
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	ī	1 \$	2.76	\$ 2.76	.001 \$	2.76	\$.00
@TOTAL HOSPITAL	174	1,170 \$	72,282.58	\$ 61.78	.776 \$	415.42	\$ 47.93
HOSP INPATIENT TOTAL	23	126	44,290.27	351.51	.084	1925.66	29.37
HSC HOSPITALS	6	23	25,040.00	1088.70	.015	4173.33	16.60
NON-HSC HOSPITAL TOTAL	2	4	6,726.21	1681.55	.003	3363.11	4.46
ACCOMMODATIONS	2	<u> </u>	3,484.39	871.10	.003	1742.20	2.31
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0				.00	
TRANSITIONAL IP CARE	0	4	.00 3,484.39	.00 871.10	.000	1742.20	.00
ALL OTHER ACCOM	2	0					2.31
ANCILLARIES	16		3,241.82	.00	.000	1620.91 782.75	2.15
INPATIENT CROSSOVERS		99	12,524.06	126.51	.066		8.31
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	154	1,044	27,992.31	26.81	.692	181.77	18.56
MEDICAL	41	75	2,358.31	31.44	.050	57.52	1.56
SURGERY	19	28	856.31	30.58	.019	45.07	.57
PATHOLOGY	49	300	3,175.95	10.59	.199	64.82	2.11
RADIOLOGY	36	54	3,575.71	66.22	.036	99.33	2.37
ROOM USE	63	97	3,826.61	39.45	.064	60.74	2.54
CROSSOVERS/ALL OTH OUTPINT	93	490	14,199.42	28.98	.325	152.68	9.42
@COUNTY HOSPITAL TOTAL	2	11 \$	82.76	\$ 7.52	.007 \$	41.38	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	11	82.76	7.52	.007	41.38	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	11	82.76	7.52	.007	41.38	.05
#CALIF DEPT OF HEALTH SERV	_	ES AND EXPENDITURES M					PAGE 7,675
MOP024	FEE-FOR-SERVICE						01/29/04
MERCED COUNTY		ICES FOR CRAIG CASES	S- TOTAL IN PA-TOTA	L			. , , 0 1

1,508 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

		OR DAYS OF CARE			DEI) ITMIT (DAS	DED ELIC		HOED		EL TOTRI E
@COMMUNITY HOSPITAL TOTAL	172	1,159	, \$	72,199.82	\$	62.29	PER ELIG		USER 419.77		ELIGIBLE 47.88
COMM HOSP INPATIENT TOTAL	23	126	Ą	44,290.27	Ą	351.51	.084	Ą	1925.66	Ą	29.37
HSC HOSPITALS	43 6	23		25,040.00		1088.70	.015		4173.33		16.60
	0	2.5 4		6,726.21		1681.55	.013		3363.11		4.46
NON-HSC HOSPITALS TOTAL	2	4		-					1742.20		
ACCOMMODATIONS	2	4		3,484.39		871.10	.003				2.31
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4 0		3,484.39		871.10	.003		1742.20		2.31
ANCILLARIES	2			3,241.82		.00	.000		1620.91		2.15
INPATIENT CROSSOVERS	16	99		12,524.06		126.51	.066		782.75		8.31
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	152	1,033		27,909.55		27.02	.685		183.62		18.51
MEDICAL	41	75		2,358.31		31.44	.050		57.52		1.56
SURGERY	19	28		856.31		30.58	.019		45.07		.57
PATHOLOGY	49	300		3,175.95		10.59	.199		64.82		2.11
RADIOLOGY	36	54		3,575.71		66.22	.036		99.33		2.37
ROOM USE	63	97		3,826.61		39.45	.064		60.74		2.54
CROSSOVERS/ALL OTH OUTPTNT	91	479		14,116.66		29.47	.318		155.13		9.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	227	6,449	\$	779,185.87	\$	120.82	4.277	\$	3432.54	\$	516.70
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	227	6,449		779,185.87		120.82	4.277		3432.54		516.70
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	22	22	\$	8,843.98	\$	402.00	.015	\$	402.00	\$	5.86
HOSPITAL BASED	0	0	·	.00	·	.00	.000	·	.00	•	.00
HEMODIALYSIS CENTER	22	22		8,843.98		402.00	.015		402.00		5.86
@REHABILITATION FACILITY	1	23	\$	513.31	\$	22.32	.015	\$	513.31	\$.34
HOSPITAL BASED	0	0		.00		.00	.000	•	.00		.00
INDEPENDENT FACILITY	1	23		513.31		22.32	.015		513.31		.34
@LABORATORY FACILITY	77	261	\$	2,500.05	\$	9.58	.173	\$	32.47	\$	1.66
PATHOLOGY	73	255	т	2,459.47	-	9.64	.169	т	33.69	т.	1.63
XO AND OTHERS	4	6		40.58		6.76	.004		10.15		.03
@ORGANIZED OUTPATIENT CLINIC	245	389	\$	28,676.43	\$	73.72	.258	\$	117.05	Ś	19.02
CLINIC	6	15	т	229.74	τ	15.32	.010	Υ	38.29	Υ	.15
SURGICENTER	12	23		701.09		30.48	.015		58.42		.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	228	351		27,745.60		79.05	.233		121.69		18.40
#CALIF DEPT OF HEALTH SERV			ES N	MONTH-OF-PAYMENT F	RPORT			DEC		P	AGE 7,676
MOP024	FEE-FOR-SERVICE				CDI OIC.	I I OIL OILL	2005 111110	220	2003	-	01/29/04
MERCED COUNTY			ASES	S- TOTAL IN PA-TOT	ΓΔT.						01/25/01
HERCED COONTT	BOH HILL OF BLICK	TOLD TOK CITATO C	.71011	3 101711 111 171 101			M	ONT.	HIV VARDA	GE	
1,508 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/1	TRACE COST	UNITS/DAY		COST PER		COST PER
1,500 111011110	ONERD	OR DAYS OF CARE		TWI TWDIIOWED			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	284	21,700	\$	59,831.29	\$	2.76	14.390		210.67		39.68
DURABLE MED. EQUIP.	12	21,700	Ą	7,103.73	ų	284.15	.017	Ą	591.98	Ą	4.71
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	14	25		7,737.37		309.49	.017		552.67		5.13
MEDICAL TRANSPORTATION	82	2,951		17,797.05		6.03	1.957		217.04		11.80
	22	2,951		3,690.61		14.30	.171		167.76		2.45
AMBULANCES/AIR TRANS OTHER TRANS	60	2,685		12,279.99		4.57	1.781		204.67		8.14
OHANI MIHIO	00	2,000		14,419.99		T.3/	1./01		204.07		0.14

OTHER SERVICES	5	8		1,826.45	228.31	.005	365.29	1.21
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	79		5,436.22	68.81	.052	1087.24	3.60
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	12	64		4,888.42	76.38	.042	407.37	3.24
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	47	106		1,296.67	12.23	.070	27.59	.86
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2		1.97	.99	.001	.99	.00
PROSTHETIST/ORTHOTISTS	4	24		2,310.32	96.26	.016	577.58	1.53
PROSTHETICS	3	22		2,262.52	102.84	.015	754.17	1.50
ORTHOTICS	1	2		47.80	23.90	.001	47.80	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4		1,204.79	301.20	.003	1204.79	.80
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	29	276		2,079.61	7.53	.183	71.71	1.38
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	112	18,144		9,975.14	.55	12.032	89.06	6.61
@CALIF. CHILDREN SERVICES*	37	1,034	\$	29,137.77	\$ 28.18	.686	\$ 787.51	\$ 19.32
@XOVER EXCLUDING STATE HOSP**	302	1,489	\$	49,952.92	\$ 33.55	.987	\$ 165.41	\$ 33.13
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARATE	INFORMATION	ITEM ON	LY;				
THE AMOUNTS ARE ALREADY INCLU	DED IN THE APPRO	PRIATE DETAIL	LINES	ABOVE.				

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01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

MERCED COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

					MO1	NTHLY AVERA	GE
812,331 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	399,590	5,328,256	\$ 160,588,570.13	\$ 30.14	6.559	401.88	\$ 197.69
@PHYSICIANS SERVICES	136,540	381,926	\$ 14,813,316.97	\$ 38.79	.470	108.49	\$ 18.24
OUTPATIENT VISITS	87,298	120,087	4,639,088.82	38.63	.148	53.14	5.71
OFFICE VISITS	61,202	77,385	2,573,368.72	33.25	.095	42.05	3.17
HOME VISITS	51	75	2,941.47	39.22	.000	57.68	.00
EMERGENCY ROOM	19,512	21,713	1,101,235.14	50.72	.027	56.44	1.36
PREVENTIVE CARE	45	45	1,839.84	40.89	.000	40.89	.00
OB VISITS/COMPRE PERI	6,954	15,912	799,075.18	50.22	.020	114.91	.98
OTHER OUTPATIENT	4,442	4,957	160,628.47	32.40	.006	36.16	.20
INPATIENT VISITS	7,141	28,380	1,707,874.25	60.18	.035	239.16	2.10
HOSPITAL VISITS	6,485	22,860	979,516.87	42.85	.028	151.04	1.21
CRITICAL CARE	641	5,033	714,436.16	141.95	.006	1114.56	.88
SNF/ICF/TRANS IP CARE	366	487	13,921.22	28.59	.001	38.04	.02
OPHTHALMOLOGICAL SERVICES	1,731	1,999	86,940.24	43.49	.002	50.23	.11
EXAMINATIONS	1,714	1,982	86,546.58	43.67	.002	50.49	.11
SERVICES AND MATERIALS	17	17	393.66	23.16	.000	23.16	.00
INPATIENT HOSPITAL SURGERY	5,702	20,160	2,771,061.19	137.45	.025	485.98	3.41
PRINCIPAL SURGEON	4,248	5,239	2,278,681.33	434.95	.006	536.41	2.81
ASSISTANT SURGEON	797	797	137,940.43	173.07	.001	173.07	.17
ANESTHESIOLOGIST	1,678	14,124	354,439.43	25.09	.017	211.23	.44
OUTPATIENT SURGERY	7,807	20,293	1,402,138.97	69.09	.025	179.60	1.73
PRINCIPAL SURGEON	6,264	8,379	1,105,604.92	131.95	.010	176.50	1.36
ASSISTANT SURGEON	98	99	10,921.65	110.32	.000	111.45	.01
ANESTHESIOLOGIST	2,363	11,815	285,612.40	24.17	.015	120.87	.35
DIALYSIS	351	1,010	105,526.12	104.48	.001	300.64	.13
PATHOLOGY	14,201	28,157	191,569.87	6.80	.035	13.49	.24
RADIOLOGY	27,832	43,674	1,482,845.41	33.95	.054	53.28	1.83
PSYCHIATRY	11	11	369.03	33.55	.000	33.55	.00

IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MERCED COUNTY	3,366	24,185	743,570.79		30.75	.030	220.91		.92
OTHER SERVICES/ALL X-OVERS	32,896	93,970	1,682,332.28		17.90	.116	51.14		2.07
@PHARMACY	236,875	1,633,471	49,232,756.86	\$	30.14	2.011	\$ 207.84	\$	60.61
PRESCRIPTION DRUGS	233,900	786,332	46,723,672.89		59.42	.968	199.76		57.52
SNF/ICF	6,561	41,845	2,541,468.62		60.74	.052	387.36		3.13
OUTPATIENTS	227,681	744.487	44,182,204.27		59.35	.916	194.05		54.39
MEDICAL SUPPLIES	15,893	847,139	2,509,083.97		2.96	1.043	157.87		2 00
@DENTIST	37,939	211,896	7,121,553.98	\$	33.61	.261	\$ 187.71	\$	8.77
VISITS - DIAGNOSTIC	26,992	137,979	1,780,395.33		12.90	.170	65.96		2.19
ORAL SURGERY	5,543	11,468	666,674.90		58.13	.014	120.27		.82
DRUGS	559	1,118	18,486.25		16.54	.001	\$ 187.71 65.96 120.27 33.07 101.11 116.55 261.81 195.80 26.34 314.29 130.08 113.17 800.00 100.04 8.77		.02
ANESTHESIA	465	488	47,016.00		96.34	.001	101.11		.06
PERIODONTICS	2,082	2,205	242,647.30		110.04	.003	116.55		.30
ENDODONTICS	3,515	6,828	920,270.92		134.78	.008	261.81		1.13
RESTORATIVE DENTISTRY	13,501	42,726	2,643,542.92		61.87	.053	195.80		3.25
PROSTHETICS	138	171	3,635.00		21.26	.000	26.34		.00
DENTURES, STAYPLATES	1,283	3,857	403,231.28		104.55	.005	314.29		.50
SPACE MAINTAINERS	354	415	46,049.00		110.96	.001	130.08		.06
MAXILLOFACIAL SERVICES	843	861	95,399.25		110.80	.001	113.17		.12
FRACTURES, DISLOCATIONS	6	7	4,800.00		685.71	.000	800.00		.01
ORTHODONTIC SERVICES	2,406	2,983	240,693.75		80.69	.004	100.04		.30
ALL OTHER SERVICES	993	790	8,712.08		11.03	.001	8.77		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPO	RT FOR JAN 2	2003 THRU D	EC 2003	P	AGE 7,678
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/29/04
MOP024 MERCED COUNTY	SUMMARY OF SER	VICES FOR TOTAL CER	RTIFIED						
						MC	NTHLY AVERA	GE	
812,331 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	A'	VERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		P.	ER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	8,331	24,195	558,804.64	\$	23.10	.030	\$ 67.08	\$.69
DIAGNOSTIC AND ANC. PROCED	4,298	4,329	197,150.58		45.54	.005	45.87 43.65		.24
EYE APPLIANCES	6,370	17,858	278,042.51		15.57	.022	43.65		.34
OTHER OPTOMETRIC SERVICES	1,671	2,008	83,611.55		41.64	.022	50.04		.10
@CHIROPRACTOR	1,399	2,256	36,968.22	\$	16.39	.003		\$.05
VISITS	1,359	2,183	36,072.95		16.52	.003	26.54 21.84		.04
OTHER SERVICES	41	73	895.27		12.26	.000	21.84		.00
@PODIATRIST	2,045	2,954	29,268.91	\$	9.91	.004	\$ 14.31		.04
MEDICINE/INJECTIONS	198	226	6,474.81		28.65	.000	32.70		
SURGERY/ANES.	17	22	1,154.05		52.46	.000	67.89		.00
RADIO./PATHOLOGY	15	27	467.10		17.30	.000			.00
OTHER	1,851	2,679	21,172.95		7.90	.003	11.44		.03
@HOME HEALTH AGENCY	750	14,778	584,398.40	\$	39.55	.018			.72
NURSE ANESTHESIST	58	468 \$	4,064.70	\$	8.69	.001			.01
NURSE MIDWIFE	9	32	1,055.79	\$	32.99	.000			.00
PEDIATRIC NURSE PRACTITIONER	. 1	1 \$	27.50	\$	27.50	.000		\$.00
FAMILY NURSE PRACTITIONER	167	246	7,055.25	\$	28.68	.000			.01
@TOTAL HOSPITAL	54,218	247,246	39,821,576.19	\$	161.06	.304			49.02
HOSP INPATIENT TOTAL	6,894	32,485	34,263,015.15		1054.73	.040	4969.98		42.18 35.65 5.67
HSC HOSPITALS	5,215	23,871	28,957,879.21		1213.10	.029	5552.81		35.65
NON-HSC HOSPITAL TOTAL	915	3,527	4,607,914.17		1306.47	.004	5035.97		5.67
ACCOMMODATIONS	914	3,527	1,444,788.37		409.64	.004	1580.73		1.78
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	99	588	132,615.20		225.54	.001	1339.55		.16
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	819	2,939	1,312,173.17		446.47	.004	1602.17 3456.97 835.00		1.62
ANCILLARIES	915	U	3,163,125.80		.00	.000	3456.97		3.89
INPATIENT CROSSOVERS	835	5,087	697,221.77		137.06	.006			
							0.0		0.0

.00

5,558,561.04

759,230.97 178,269.44

706,637.74

.00

25.88

37.10

40.02

10.82

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

0

214,761

20,465

65,309

49,167

14,156

3,866

16,152

.00

53.63

46.11

43.75

113.05

.00

6.84

.93

.22

.87

.000

.264

.025

.005

.080

RADIOLOGY	12,587	17,886	1,148,766.09	64.23	.022	91.27	1.4	
ROOM USE	26,681	34,216	1,356,544.31	39.65	.042	50.84	1.6	7
CROSSOVERS/ALL OTH OUTPTNT	21,561	72,431	1,409,112.49	19.45	.089	65.35	1.7	3
@COUNTY HOSPITAL TOTAL	512	2,849	\$ 505,078.88	\$ 177.28	.004	\$ 986.48	\$.6	2
CO HOSPITAL INPATIENT TOTAL	73	345	431,750.66	1251.45	.000	5914.39	.5	. 3
HSC HOSPITALS	69	323	405,171.93	1254.40	.000	5872.06	.5	0
NON-HSC HOSPITALS TOTAL	5	22	25,738.73	1169.94	.000	5147.75	.0	3
ACCOMMODATIONS	4	22	5,088.60	231.30	.000	1272.15	.0	1
ADMINISTRATIVE DAYS	3	8	1,850.40	231.30	.000	616.80	.0	0
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	0
ALL OTHER ACCOM	1	14	3,238.20	231.30	.000	3238.20	.0	0
ANCILLARIES	5	0	20,650.13	.00	.000	4130.03	.0	3
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.0	0
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	0
CO HOSP OUTPATIENT TOTAL	458	2,504	73,328.22	29.28	.003	160.11	.0	9
MEDICAL	164	317	12,131.49	38.27	.000	73.97	.0	1

SURGERY	31	44	3,192.00	72.55	.000	102.97	.00
PATHOLOGY	153	792	9,321.37	11.77	.001	60.92	.01
SURGERY PATHOLOGY RADIOLOGY	107	205	15,361.03	74.93	.000	143.56	.02
ROOM USE	274	414	15,937.77	38.50	.001	58.17	.02
CROSSOVERS/ALL OTH OUTPTNT		732	17,384.56	23.75	.001	81.24	.02
		S AND EXPENDITURES MO					PAGE 7,679
MOP024	FEE-FOR-SERVICE/		SNIII OF FAIRENT K	EFORT FOR UAN	2005 TIMO DE	IC 2005	01/29/04
MERCED COUNTY		CES FOR TOTAL CERTI	ET ED				01/29/04
MERCED COUNTY	SUMMARI OF SERVI	CES FOR TOTAL CERTIF	LIED		MON	יע טיינוד אל אניינים אל	מר
010 221 ELIGIDIEG	Hanna	INTEG OF GEDVICE	EXPENDIBLE	ATTERNACE COOR			
812,331 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	F2 F20	OR DAYS OF CARE	20 216 407 21	PER UNIT/DAY		USER	ELIGIBLE
	53,798	244,397 \$	39,316,497.31	\$ 160.87	.301 \$		
COMM HOSP INPATIENT TOTAL	6,826	32,140	33,831,264.49	1052.62	.040	4956.24	41.65
HSC HOSPITALS	5,150	23,548	28,552,707.28	1212.53	.029	5544.22	35.15
NON-HSC HOSPITALS TOTAL	910	3,505	4,582,175.44	1307.33	.004	5035.36	5.64
ACCOMMODATIONS	910	3,505	1,439,699.77	410.76	.004	1582.09	1.77
ADMINISTRATIVE DAYS	96	580	130,764.80	225.46	.001	1362.13	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	818	2,925	1,308,934.97	447.50	.004	1600.17	1.61
ANCILLARIES	910	0	3,142,475.67	.00	.000	3453.27	3.87
INPATIENT CROSSOVERS	834	5,087	696,381.77	136.89	.006	834.99	.86
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	48.790	212,257	5,485,232.82	25.84	.261	112.43	6.75
MEDICAL	14,003	20,148	747,099.48	37.08	.025	53.35	.92
SURGERY	3,835	4,410	175,077.44	39.70	.005	45.65	.22
PATHOLOGY	16,015	64,517	697,316.37	10.81	.079	43.54	.86
	12,489	17,681	1,133,405.06	64.10	.022	90.75	1.40
RADIOLOGY						50.69	
ROOM USE	26,446	33,802	1,340,606.54	39.66	.042		1.65
CROSSOVERS/ALL OTH OUTPTNT	21,365	71,699	1,391,727.93	19.41	.088	65.14	1.71
@STATE HOSPITAL	24 5 19 6,080 0 46	709 \$	327,852.61	\$ 462.42	•	13660.53	•
MENTALLY ILL	5	178	81,383.35	457.21	.000	16276.67	.10
DEVELOP. DISABLED	19	531	246,469.26	464.16	.001	12972.07	.30
@NURSING FACILITY	6,080	168,657 \$	18,086,715.25	\$ 107.24		2974.79	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
		1,514	168,574.42	111.34	.002	3664.66	.21
LEV B-SUBACUTE FREESTANDING	1	2	606.80	303.40	.000	606.80	.00
LEV B-SUBACUTE HSPTL BASED	19	579	286,435.05	494.71	.001	15075.53	.35
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,017	166,562	17,631,098.98	105.85	.205	2930.21	21.70
@INTERMEDIATE CARE FACILDD	570	19,048 \$	3,231,120.81	\$ 169.63	.023 \$	5668.63	\$ 3.98
ICF DDH	178	5,676	815,161.22	143.62	.007	4579.56	1.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	19 0 6,017 570 178 0 392 1,727 17	13,372	2,415,959.59	180.67	.016	6163.16	2.97
@HEMODIALYSIS TOTAL	1.727	23,115 \$	1,644,731.31	\$ 71.15		952.36	
HOSPITAL BASED	17	203	127,747.07	629.30	.000	7514.53	.16
HEMODIALYSIS CENTER	1 710	22,912	1,516,984.24	66.21	.028	887.13	1.87
@REHABILITATION FACILITY	568	3,216 \$	84,936.47	\$ 26.41	.004 \$		
HOSPITAL BASED	568 345 228	1,189	43,302.30	36.42	.001	125.51	.05
INDEPENDENT FACILITY	228	2,027	41,634.17	20.54	.002	182.61	.05
	34,523						
@LABORATORY FACILITY	-		1,579,399.24	•	.148 \$		•
PATHOLOGY	34,027	119,234	1,564,650.84	13.12	.147	45.98	1.93
XO AND OTHERS	508	1,051	14,748.40	14.03	.001	29.03	.02
@ORGANIZED OUTPATIENT CLINIC	106,230	183,209 \$	16,180,340.76	\$ 88.32	.226 \$		\$ 19.92
CLINIC	8,319	27,931	621,486.56	22.25	.034	74.71	.77
SURGICENTER	3,839	11,637	458,770.36	39.42	.014	119.50	. 56
HEROIN DETOX CLINIC	24	278	3,116.49	11.21	.000	129.85	.00
RURAL HEALTH CLINIC	96,145	143,363	15,096,967.35	105.31	.176	157.02	18.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 7,680
MOP024	FEE-FOR-SERVICE/						01/29/04
MEDCED COINTY	CIIMMADV OF CEDIT	CES FOR TOTAL CEPTI	משדים				

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

MERCED COUNTY

						1-1-	ONTILLI AVEKA	101	
812,331 ELIGIBLES	USERS UN	IITS OF SERVIC	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	56,640	2,290,543	\$	7,242,543.92	\$ 3.16	2.820		\$	8.92
DURABLE MED. EQUIP.	2,089	6,834		1,071,743.02	156.83	.008	513.04		1.32
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	885	1,548		322,166.35	208.12	.002	364.03		.40
MEDICAL TRANSPORTATION	6,893	212,518		1,667,217.00	7.85	.262	241.87		2.05
AMBULANCES/AIR TRANS	5,033	68,592		851,785.94	12.42	.084	169.24		1.05
OTHER TRANS	1,646	139,463		532,127.42	3.82	.172	323.29		.66
OTHER SERVICES	512	4,463		283,303.64	63.48	.005	553.33		.35
ACUPUNCTURE	299	642		11,889.92	18.52	.001	39.77		.01
ADULT DAY HEALTH CARE CTR	622	9,314		645,135.80	69.27	.011	1037.20		.79
GENETIC DISEASE TESTING	1,488	1,492		154,435.25	103.51	.002	103.79		.19
IHMC, MODEL-NF, NF, AIDS, MSSP	1,703	8,618		636,621.31	73.87	.011	373.82		.78
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	10,822	25,010		299,193.64	11.96	.031	27.65		.37
PHYSICAL THERAPIST	2	7		325.27	46.47	.000	162.64		.00
PORTABLE X-RAY	73	172		2,168.68	12.61	.000	29.71		.00
PROSTHETIST/ORTHOTISTS	1,554	3,315		268,217.23	80.91	.004	172.60		.33
PROSTHETICS	1,075	2,730		232,134.71	85.03	.003	215.94		.29
ORTHOTICS	511	585		36,082.52	61.68	.001	70.61		.04
PSYCHOLOGIST	27	143		7,618.55	53.28	.000	282.17		.01
SPEECH AND AUDIOLOGY	765	1,792		116,742.62	65.15	.002	152.60		.14
HOSPICE SERVICES	101	2,269		255,202.95	112.47	.003	2526.76		.31
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	24,047	98,960		923,109.89	9.33	.122	38.39		1.14
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	1	5		82.35	16.47	.000	82.35		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	8,670	1,917,909		860,756.44	.45	2.361	99.28		1.06
@CALIF. CHILDREN SERVICES*	5,516	165,384	\$	11,074,652.27	\$ 66.96	.204	\$ 2007.73	\$	13.63
@XOVER EXCLUDING STATE HOSP**	27,583	287,064	\$	4,145,228.39	\$ 14.44	.353	\$ 150.28	\$	5.10
@* TOTALS IN THESE LINES ARE GI	WENT AS A SEDABATE	TNEODMATION	TTEM O	NT.V:					

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.